



YOUTH PARTICIPATION SCHOLARSHIP APPLICATION

Scholarship Request:

PROGRAM: VIRTUAL SUMMER ARTS DAY CAMP

FULL TUITION: \$250.00

SCHOLARSHIP AMOUNT REQUESTING (Circle One): 25% 50%

ARE YOU INTERESTED IN A PAYMENT PLAN? YES NO

STUDENT INFORMATION

Students Name: _____ **Age:** _____

Birth Date: ____/____/____ **Entering Grade (2020/2021):** _____

School: _____

PARENT/GUARDIAN INFORMATION *(Person who assumes financial responsibility for student)*

PARENT(S)/GUARDIAN(S) NAMES: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIPCODE:** _____

EMAIL: _____ **PHONE #1:** _____ **PHONE #2:** _____

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

FINANCIAL NEED INFORMATION

Does your child receive free or reduced lunch at school: YES NO

If NO, please provide your household's yearly income amount: _____

Please provide any other information that will help us understand your current need for a Scholarship.

Explain how attending TGS Summer Arts Day Camp will contribute to your child's goals and aspirations.



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I, the undersigned, verify that the attached information is correct. I also understand my obligation to ensure my student's attendance in the program for which h/she receives financial assistance.

Parent/Guardian Signature _____

Please Print Name _____

Date _____

Please return completed Scholarship Form along with Virtual Camp Registration Form to:

**THE GROWING STAGE THEATRE
PO BOX 36
NETCONG, NEW JERSEY 07857
Attention: Lori B. Lawrence**

If you have any questions, please contact Lori B. Lawrence, Director of Educational Programming at 973-347-4946 or eddir@growingstage.com

FOR OFFICE USE ONLY - Please do not write in this box.

Date Received: ____/____/____	Sent to Committee: ____/____/____
Amount Awarded: 25% 50%	Approved: YES NO
Applicant Notified: ____/____/____	Notified by: EMAIL USPS
Payment Plan: YES NO	Accepted by Applicant: YES NO
Terms:	Date Accepted: ____/____/____