

STAGEDOOR

Stage Door Theatre Academy Scholarship Application Form

Student Full Name:

Date of Birth:

Grade Level:

Parent/Guardian's Full Name:

Phone:

Email:

Address:

Desired Program Title/Date:

Scholarship Coverage Requested (circle one): 100% 75% 50% 25%

Why would your student benefit from a scholarship?

If your student has participated with Stage Door programs before, which ones?

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation of information may result in the withdrawal of the scholarship. I understand that a scholarship offering is not an automatic enrollment of my student, and I must enroll them in their desired program.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Please email this completed form to bridget@stagedoortheatre.org