

Musical Theatre Summer Camp

SCHOLARSHIP ASSISTANCE REQUEST



www.TheatreWinterHaven.com
863-294-SHOW (7469) ext. 1

If you would like to apply for a ½ price camp scholarship for your child, please fill out this form completely, and return to:

Theatre Winter Haven Academy
P.O. Box 1230 Winter Haven, FL 33882

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE COMPLETED _____

BEST CONTACT _____

EMAIL _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____

PARENT/GUARDIAN _____ RELATIONSHIP _____

DAY PHONE _____ CELL _____

EMAIL _____

OF SIBLINGS LIVING AT ABOVE ADDRESS? _____ IF SO, AGES: _____

PREVIOUS PERFORMANCE EXPERIENCE (NONE NECESSARY):

HAS THIS FAMILY PREVIOUSLY RECEIVED SCHOLARSHIP ASSISTANCE FOR THIS PROGRAM? IF YES, PLEASE LIST YEAR(S) AND AMOUNT(S).

ANYTHING YOU WOULD LIKE FOR US TO KNOW ABOUT YOUR FAMILY OR THIS CHILD WHEN CONSIDERING THIS APPLICATION? FINANCIAL NEED? ETC.

All applications will be reviewed, and each individual name will be added to a lottery drawing to be held at 5pm on Friday, April 19, 2019. Those chosen will be notified no later than Wednesday, April 24th. **\$200 is due with the enrollment form.** If you are not chosen for a scholarship, the re-maining balance will be due by May 28, 2019.