

# Durham Regional Theatre

*Exciting Multi-Racial Theatre, Classes & Summer Camps Since 2010*

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## SCHOLARSHIP APPLICATION FORM

Student Name: \_\_\_\_\_ Age/Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best E-Mail Address: \_\_\_\_\_

DRT Class or Summer Theatre Camp You Wish to Attend: \_\_\_\_\_

Number of Family Members in the Home: \_\_\_\_\_

Ages of Family Members in the Home: \_\_\_\_\_

Total Annual Family Income (including work, benefits and any additional income sources such as rentals or Social Security): \_\_\_\_\_

**DRT awards both FULL and PART scholarships. Which type you are requesting?** \_\_\_\_\_

**Scholarship amount (\$)** you need to receive: (Full, or, if partial, how much financial support will you need in order to participate in the camp) \_\_\_\_\_

**Why do you want to attend DRT Theatre Camp or Acting Class?** (Student please answer briefly. Use the back of this form if you need it.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian(s) please sign this Statement of Verification and Commitment:** I verify that all the information listed above is true. If my child receives the requested scholarship our family is committed to supporting his/her attendance at the class or summer theatre camp of his/her choice, on all meeting days and times.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Please return completed form, along with Registration Form, via e-mail to [DurhamRegionalTheatre@gmail.com](mailto:DurhamRegionalTheatre@gmail.com), or by postal mail to DRT, P.O. Box 61894, Durham, NC 27715.*