

Durham Regional Theatre

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

SCHOLARSHIP APPLICATION

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, or by postal mail to DRT, P.O. Box 61894, Durham, NC 27715.