

Center for Theatre Arts Need Based Scholarship Application

In order to offset the cost of operating the youth programs we ask that everyone pay at least 50% of the tuition for the classes/workshops you enroll in. This ensures we can continue paying our highly qualified staff. Any student, parent/guardian receiving scholarship is asked to repay the theatre with volunteer time. Each scholarship student will receive a specific volunteer assignment they are to complete throughout the year, along with a corresponding hourly rate that will be used to repay the scholarship moneys. Salina Community Theatre is a not for profit organization and we rely on the community for support to keep our programs running. Though some of these tasks may seem menial, please know that the theatre staff performs these tasks the rest of the year when volunteer help is not available.

Student(s) Name \_\_\_\_\_

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mother's Employer and Phone Number \_\_\_\_\_

Father's Employer and Phone Number \_\_\_\_\_

Please include a copy of your most recent Tax Return.

(It will be shredded immediately after review)

All financial information will be kept confidential and only seen by the Education Director, Executive Director, and Office Manager

Household monthly income (after taxes) \$ \_\_\_\_\_

Social Security, welfare, AFDC, child support, alimony, other \$ \_\_\_\_\_

Total Gross Income \$ \_\_\_\_\_

Number of Adults in Household \_\_\_\_\_

Number of Children in Household \_\_\_\_\_

Are there any other financial circumstances to be considered? If yes, explain:

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**Most volunteer duties involve cleaning of some kind. Please list any types of cleaning you are not able to do as well as transportation issues that will keep you from completing certain tasks.**

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**When are you available to make up your volunteer hours?**

\_\_\_\_\_ daytime    \_\_\_\_\_ evenings    \_\_\_\_\_ weekends

**By signing this form, you accept the assigned volunteer task given to you and agree to complete this task regularly throughout the year. This task will pay part of your class tuition, up to 50% and you will be responsible for paying the difference. You also agree that this form has been read completely and filled out to the best of your ability and knowledge.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

**Task** \_\_\_\_\_

**How often** \_\_\_\_\_

**Hourly Rate** \_\_\_\_\_