

THE FOLLOWING FOUR ITEMS NEED TO BE TURNED IN BEFORE THE SCHOLARSHIP WILL BE PROCESSED –

- 1. SCHOLARSHIP APPLICATION – MUST BE TURNED IN WITHIN TWO WEEKS OF THE START OF CLASS/CAMP OR AFTER THE PARENT'S MEETING FOR A PRODUCTION. FAILURE TO FILE IT TIMELY WILL RESULT IN ANY SCHOLARSHIP ISSUED APPLYING TO FUTURE CLASSES/CAMPS AND PRODUCTIONS – NOT THE CURRENT ENROLLMENT.**
- 2. THE FIRST TWO PAGES OF LAST YEAR'S TAX RETURN (1040). IF YOU DID NOT FILE TAXES, A LETTER EXPLAINING WHY YOU DID NOT FILE AND COPIES OF ANY W-2'S NEED TO BE SUBMITTED. IF THE CHILD YOU ARE APPLYING FOR IS NOT LISTED ON YOUR TAX RETURN, THEN WE ALSO NEED THE TAX RETURN THAT LISTS THE CHILD YOU ARE REQUESTING A SCHOLARSHIP FOR.**
- 3. A LETTER FROM THE PARENT STATING WHY THEY WANT THEIR CHILD(REN) TO ATTEND FLCT.**
- 4. IF THE CHILD IS 8 YEARS OR OLDER, THEY MUST WRITE A LETTER STATING WHY THEY WANT TO ATTEND FLCT. PLEASE ENSURE THIS IS HANDWRITTEN BY THE CHILD OR IS SENT FROM THEIR E-MAIL ADDRESS.**

PLEASE DO NOT TURN IN YOUR APPLICATION UNTIL YOU HAVE ALL OF THESE ITEMS.

THANK YOU!



OFFICE USE ONLY

Date Received: _____ Notified: _____
____ Tax Return _____ Student Letter _____ Parent Letter
Final Percentage: _____ School Year: _____

SCHOLARSHIP APPLICATION

Thank you for your interest in Florida Children's Theatre's classes, plays and summer camp. We make every effort to include all interested students, regardless of financial circumstances. Our Board of Trustees adopted a scholarship program based on the U.S. Department of Health and Human Service's Federal Poverty Guidelines. This percentage program factors in household income and number of people in the family to determine the scholarship award. Please be advised that a copy of last year's tax return is required. All family financial information will be kept confidential and is for scholarship award and reporting use only. Please fill out all information of this form and return it to the business office.

STUDENT INFORMATION

CHILD'S NAME: _____

FIRST

MIDDLE

LAST

Mailing Address: _____

Street

City

Zip

Date of Birth: _____ Age: _____ Gender: Male Female
Month/Day/Year (Circle One)

School: _____ Grade: _____ as of _____

PARENT/GUARDIAN CONTACT INFORMATION

PARENT 1: _____

FIRST

MIDDLE

LAST

Relationship: _____ Employed at: _____

Work Address: _____

Street

City

Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

PARENT/GUARDIAN CONTACT INFORMATION (CONT'D)

PARENT 2: _____
FIRST MIDDLE LAST

Relationship: _____ Employed at: _____

Work Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

FAMILY PROFILE

Completion of this profile will allow Florida Children's Theatre to report scholarship information to donors, help secure funding and prepare final reports on grants to the Florida Division of Cultural Affairs, the Broward Cultural Division, The City of Fort Lauderdale, and the National Endowment for the Arts.

ETHNIC BACKGROUND: African American: _____ General: _____
(Not Hispanic) (Mixed Race)

Other: _____ Asian/Pacific Islander: _____ Hispanic: _____

White: _____ Native American/Alaskan: _____

HOW MANY IN HOUSEHOLD?: _____

ANNUAL HOUSEHOLD INCOME: \$ _____

(A copy of last year's tax return is required. If you did not file a tax return (IRS 1040), your W-2 and a letter explaining why you did not file taxes is required. The name of the child you are applying for must be on the tax return. If it is not, then your tax return and the tax return with the child's name on it must be filed.)

ARE YOU A SINGLE PARENT?: _____ **YES** _____ **NO**
(Please check one)

STUDENTS (AGES 8 AND UP): Please write a brief narrative statement telling us why you would like to attend FLCT. It must be signed and dated by the child (it may be sent by e-mail but from the child's e-mail.)

FAMILY PROFILE (CONT'D)

PARENTS: Please write a brief narrative statement telling us why your child should be considered for a scholarship. Feel free to include any extenuating financial circumstances. Please sign and date (you may send it by e-mail but it must come from your e-mail.)

In the event this scholarship is awarded, a presentation to the recipient may be done at an FLCT event. Any presentation will be with the permission of the parent/guardian of the recipient. (Please initial your choice below.)

_____ **YES, I APPROVE OF PUBLIC RECOGNITION OF MY CHILD'S SCHOLARSHIP**

_____ **NO, I PREFER MY CHILD'S SCHOLARSHIP BE KEPT PRIVATE**

Florida Children's Theatre fully supports Equal Opportunity for all regardless of age, race, creed, sex, or ethnic background. All applications become the property of Florida Children's Theatre. All information on this application will be held in confidence.

Parent /Guardian Signature (on behalf of minor/ward)
or Student Signature (if over 18 years)

Date

THE SCHOLARSHIP YEAR IS FROM JUNE 1 TO MAY 31. A SCHOLARSHIP AWARDED IS VALID TOWARDS CLASSES, PRODUCTIONS AND SUMMER CAMP.