



# SPOKANE CIVIC THEATRE *Academy*



## Financial Aid Scholarship Fund

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Other Guardians \_\_\_\_\_

Name of Student \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Has your child attended a Spokane Civic Theatre camp or class before? \_\_\_\_\_

If so, which classes and when? \_\_\_\_\_

Annual household income \_\_\_\_\_ Number of dependents \_\_\_\_\_

Reason for financial aid request. Please explain your need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested or willing to provide any volunteer hours to the theatre?  
(custodial, gardening, ushering, etc.)? \_\_\_\_\_

Class(es) interested in attending \_\_\_\_\_

Dates \_\_\_\_\_

Total dollar amount of classes/camps \_\_\_\_\_

Requested amount of financial aid \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_