



2018-19 SCHOLARSHIP REQUEST FORM

1. Student's Name _____ Phone _____
Address _____ City _____ Zip _____
2. Father or Guardian's Name _____ Phone _____
Address _____ City _____ Zip _____
3. Mother or Guardian's Name _____ Phone _____
Address _____ City _____ Zip _____
4. Have you received a scholarship from Muskegon Civic Theatre Education Program before?
No Yes Date _____
5. Make a statement as to why you would like your child to be a part of our program.
(If you need more space please use the other side of this form)

Parent or Guardian Signature

Date Completed

Please enclose this completed form plus information stated below so that we may consider your child for a scholarship. Please return pdf to Imixer@muskegoncivictheatre.org.

- Copy of W-2 or certification for school lunch program *(if possible)*.
- Letter of Recommendation from a non- relative teacher, counselor, or coach.
- \$25 non-refundable deposit
- Registration form for applicable education program (Saturday Classes, Footlights Fun Camp, etc.)