

DUNES SUMMER THEATRE YOUTH SCHOLARSHIP APPLICATION

Please fill out the form completely.

Name of Student _____

Age of Student _____ Date of Birth _____

Pronouns for student (she/he/they) _____

Name of Parent/Guardian _____

Address _____

Phone Number _____ Email _____

Describe which class the applicant would like to take and how the scholarship will benefit your child:

Describe your need for financial aid for this class at this time:

Name of Class _____ Cost for Class \$ _____

Tuition requested \$ _____

I give permission for my child (name and age) _____ to be photographed for use by the Dunes Arts Foundation. I grant Dunes Arts Foundation the right to use the photograph for the purpose of promotional advertising and documentation.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (printed)