



SCHOLARSHIP APPLICATION - THEATER CAMP

(Please print)

(A completed Recreation Department registration form must accompany this application.)

Name: _____ Age of child: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Please state why your child would like to attend Theater Camp: _____

Indicate on a separate sheet why your child should be considered for this “need-based” scholarship. *(Sheet will be detached from application and kept on file in the Human Services Department.)* All information will be kept confidential. Confirmation of “need” will be provided by the Broadview Heights Human Services Department.

Office use only.

I hereby confirm that, based on my assessment, the applicant qualifies for the need-based Theater Camp scholarship.

Director of Human Services

Date

You will be informed by phone within 5 work days of receipt of application. If you have any questions, call 440/526-4357 and ask for Annette Phelps.