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| Flying Monkey Theatre ArtsScholarship Application 2019 |  |

## Contact Information

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| Name of Student |  |
| Name of Guardian |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone |  |
| E-Mail Address |  |
| School |  |
| Amount Requested (full/partial) |  |

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## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I receive a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this scholarship application form and for your interest in volunteering with us. We will contact you within two days to confirm application process.