

Dobie West Performing Arts Theatre
2019 Summer Theatre Camp Financial Scholarship Application

July 8 – 12, 2019 8:30AM – 12:00PM

(Theme: Fairy Tales/Fantasy)

Camp registration fee is \$100 (Ages 8-13)

(Please Print Neatly)

Camper's First Name: _____ Last Name: _____

Parent or Guardian Name: _____

Mailing Address: _____ City/Zip _____

Contact phone number:(____)____-____ Alternate phone number:(____)____-____

E-mail Address: _____

Parents please list reasons for asking for financial assistance for the 2019 Summer Theatre Camp at Dobie West Performing Arts Theatre.

Household annual Gross Income: (circle one)

0 - \$25,000 / \$25,000 - \$50,000 / \$50,000 - \$75,000 / \$75,000 +

Please indicate what percentage of assistance are you in need of for camp:

25%

50%

75%

100%

*Campers please write a half page essay on the back of this sheet on why you want to attend Dobie West Performing Arts Theatre 2019 Summer Theatre Camp.

I hereby attest that the information in this application is true and complete; and understand that giving false financial data will result in a voided application for financial assistance. Application must be completed in full to be considered.

Parent/Guardian's signature: _____ Date: ____/____/____