

valley youth theatre

WORKSHOP SCHOLARSHIP APPLICATION

Valley Youth Theatre is a non-profit organization providing positive exposure for children adolescents and teens to skills through community theatre activities. Performing arts training has long been recognized as one of the strongest self esteem builders. It encourages teamwork, communication, productivity, presentation skills, responsibility, confidence and creativity. Our quality workshops reflect this commitment to the valley's young people.

In an effort to give these theatre experiences to the most enthusiastic and interested children, we offer a needs based scholarship to at least one deserving applicant per workshop.

Scholarships can be awarded for partial to full tuition.

Please type or write clearly.

If you are chosen, you will be contacted no later than one week before the first class.

Scholarship Guidelines

- ✓ Applications must be completed in full. *Incomplete applications will not be considered.*
- ✓ Applications must be sent in via mail or fax and received by the due date.
- ✓ If you are chosen, you will be contacted no later than one week before the first day of class/camp. *Note: Due to the high volume of applications, you may not be contacted if you were denied a scholarship.*

Scholarship Due Dates: *Late applications will not be considered.*

<u>CLASSES</u>		<u>CAMPS</u>	
Fall Session	August 19, 2011	Spring Break Camp	February 17, 2012
Winter Session	Dec. 23, 2011	Summer Camp Session 1+2	April 20, 2012
Spring Session	March 2, 2012		

Student/Parent Information

Child's Name: _____

Date of Birth _____ Age _____ Grade Level _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell or Work Phone _____

Email Address _____

If this child is selected, who should we contact? (If different from above)

Name _____

Relationship to applicant _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell or Work Phone _____

Email Address _____

Parent/Guardian Employment Information

Mother's Name: _____

Employer: _____ Job Title: _____

Salary: _____

Father's Name: _____

Employer: _____ Job Title: _____

Salary: _____

Please explain any special information and/or circumstances which make the applicant unable to contribute to the workshop registration fee: *(Use separate piece of paper if needed)*

Workshop Information:

Circle the Session you are applying for:

FALL WINTER SPRING CAMP SESSION 1 CAMP SESSION 2

Circle the Class and/or Camp you are applying for:

- | | |
|---|---|
| Musical Theatre Tuesday ages 5-8 | Musical Theatre Audition Workshop ages 9+ |
| Musical Theatre Tuesday ages 9-12 | Introduction to Improv ages 13+ |
| Acting Technique Wednesday ages 7-11 | Treasure Trunk Saturday ages 5-8 |
| Acting Out Wednesday ages 12+ | Play Pretend Saturday ages 3-4 |
| Triple Threat Thursday ages 12+ | Spring Break Camp |
| Musical Theatre Saturday ages 5-8, 11am | All Star Summer Playhouse ages 5-6 |
| Musical Theatre Sat. ages 9-12, 12:35pm | Musical Theatre Summer Workshop ages 7+ session 1 |
| | Musical Theatre Summer Workshop ages 7+ Session 2 |

Other: _____

If applying for multiple scholarships, please rate them in order of preference-

- 1st.: _____
2nd.: _____
3rd.: _____

Have you applied for a VYT workshop scholarship in the past? Yes No

If yes, when and for which class/camp? _____

Have you received a VYT workshop scholarship? Yes No

If yes, list the date(s) and class/camp(s) in which you received a scholarship-

Have you attended VYT classes/camps and paid full tuition? Yes No

If yes, list the date(s) and class/camp(s) in which you participated-

Short Essay Section

Parent/Guardian: Why and how do you feel this applicant would benefit from receiving a VYT workshop scholarship? *(Use a separate piece of paper if needed)*

Child: On a separate piece of paper, please tell us in one creative paragraph, poem, or picture why you would like to be apart of a Valley Youth Theatre workshop. *(Submission can be age appropriate, but completed by the child)*

To the best of my knowledge, all of the information given in this application is true and correct.

Signature _____

Relationship to applicant _____

Please send completed application to:

**Valley Youth Theatre
ATTN: Lauren Antioco
807 N. 3rd Street
Phoenix, AZ 85004
602-253-8188 ext: 302
Or fax to : 602-253-8282**