

SCHOLARSHIP APPLICATION

Theatre Parent Association

APPLICATION GUIDELINES:

- All Theatre Students in need are encouraged to apply for Scholarships
- Scholarships must be NEED-BASED
- At the time of this application, Student may NOT be on DSOA Probation and must have all 4's or 3's in Conduct
- Each fieldtrip/activity/event requires a separate application
- Only timely and complete applications will be considered. Applications must be —
Signed by the Student and his/her Parent/Guardian and
Submitted to Dean by 3:45 pm on due date of fieldtrip/activity/event paperwork or payment

CRITERIA to be CONSIDERED BY SCHOLARSHIP COMMITTEE

- Financial Need of Student, Parent, and/or Guardian
- Free or Reduced Lunch Status
- Receipt of Other Theatre Department Scholarships
- Receipt of Other Scholarships for the Same Trip/ Activity/Event
- Effort, Conduct and Grades in Theatre Classes
- Benefits of Trip/Activity/Event to Student's Theatre Development

Student's Name: _____ Grade: _____

Name of Fieldtrip/Activity/Event:

Amount requested: \$ _____

STUDENT: How will this fieldtrip/activity/event benefit you and your theatre training?

Have you previously received a scholarship/s from SOAFI-Ray of Light or TPA while at DSOA?

Yes ___ No ___ If yes, please list the fieldtrip/activity/event and the year: _____

Have you received or applied for any other scholarship to fund this same trip/activity/event? Yes ___ No ___

If yes, please elaborate: _____

Please share any additional information you would like the committee to consider:

1. Does student currently qualify for Free Lunch? _____ OR Reduced Lunch? _____
2. What are the financial circumstances associated with this request? Why are you requesting assistance? (please provide a brief summary)

Student Signature: _____ **Date:** _____

NO REFUNDS are ever given for a DSOA fieldtrip/activity/event once a reservation has been made. Please be certain of your student's participation and availability **BEFORE** applying for a scholarship or submitting the paperwork for a fieldtrip/activity/event. If your **student fails to attend** a fieldtrip/activity/event after you have requested and been awarded a scholarship, you will be responsible for **full repayment** of all awarded scholarship funds. Your signature below confirms your understanding and agreement with this policy.

Parent Signature (please be sure to read the statement above):

_____ **Date:** _____

Phone Number: _____ Email: _____

Submit completed form to Theatre Dean via email: michelle.petrucci@palmbeachschools.org

Theatre Dean Approval: _____ **Date:** _____

TPA President Approval: _____ **Date:** _____

TPA Treasurer Approval: _____ **Date:** _____

Amount Awarded: \$ _____