

Cape Fear Regional Theatre Summer Drama Camp Scholarship Application
(to be turned in with camp registration form)

Please print legibly

Date: _____

Summer Camp Session (please write in name and dates of camp) _____

Student's Name: _____ Age: _____

Date of Birth: _____ School: _____ Grade: _____

Parent's/Guardian's Names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email(s): _____

Have you received a scholarship from Cape Fear Regional Theatre in the last year? _____

Yearly Income of the Heads of Household Combined: \$ _____

Number of People in your family: _____ Number of Dependents in Household: _____

It is our policy that if asked, the applicant can produce records of financial yearly earnings.

Please list all past theatre experience including church, school, community-based theatre, or professional theatre (including CFRT):

Please attach a brief statement describing your circumstances, and why your child would qualify to receive financial assistance for Cape Fear Regional Theatre's Summer Drama Camp.

In another paragraph, please describe why you—but most especially your child—would like to attend this camp.

