

2008 Fall Musical Theatre Intensive
Need-Based Scholarship Application



Four Seasons Youth Theatre
P.O. Box 55032
Madison, WI 53705

Student Information:

Last Name First Name Middle Initial (____) _____ - _____
Phone Number

Street Address City State Zip

Date of Birth (Month/Day/Year) Student's Social Security Number Email Address (if applicable)

School that Student is Presently Attending Name of School District

Grade Level at Time of Application (check one): 9th 10th 11th 12th

Parent/Guardian Information:

Last Name First Name Middle Initial (____) _____ - _____
Phone Number

Street Address (if different from student's address) City State Zip

I hereby authorize release of my child's academic records to Four Seasons Youth Theatre.

Parent/Guardian Signature Date Signed

This section to be filled out by the student's school guidance counselor:

Is the above-named student eligible for free or reduced lunch? Yes No

Does the applicant have a good school attendance record? Yes No

Name (please print) (____) _____ - _____
Phone Number

School Guidance Counselor Signature Date Signed

Completed applications should be mailed to the address above. Scholarships are awarded on a first come, first served basis.