2008 Spring 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): ❑ 6th ❑ 7th ❑ 8th

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.