

Scholarship and Financial Aid Application
for
DCU edu

Please attach a statement of need, and the scholarship amount (full or partial) requested)

Session applying for (please circle all that apply):

Summer ____ (year) Fall ____ (year) Winter ____ (year) Spring ____ (year)

Name of class or classes (please circle all that apply):

Fall Semester Fall Performance Class Winter Semester

Spring Semester Creativity Camp Musical Theatre Camp

Student's Last Name: _____ First Name: _____

Age : _____ (Birthdate _____)

Name of Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____

Email: _____

The undersigned has read this form, fully understands it and agrees to the rules of the Denton Community Theater's Theatre School.

Date

Signature of Prospective Denton Community Theatre's Theatre School Student

Signature of Parent/Guardian