



CTA AFTER SCHOOL/SUMMER CAMP

SCHOLARSHIP APPLICATION 2023-2024

Name of Class(es): _____

Total Cost of Class(es)/Camp(s): \$ _____

Student's Name: _____

Gender: _____ Date of Birth: _____ Current Grade: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone: _____ Email Address: _____

Did your child take a class at The Center for Theater Arts in the past? _____

If yes, what class/camp and year (most recent)? _____

Reason you are applying for financial assistance: _____

Tell us why this class/camp is of interest to your child: _____

Approx. Gross Family Income (per year): \$ _____ Number of individuals in household: _____

How much can you afford to pay for this program at this time? \$ _____

I hereby certify that the above information is true and correct.

X _____

Signature of Parent/Guardian

Date