

Instructions:

For assistance in completing this form, contact Olivia Carbone @ OliviaC@CamelotTheatre.org

Return completed applications to: Camelot Theatre Company (Attn: Olivia Carbone)

101 Talent Ave

Talent, Oregon 97540

Applications will be processed in the order received. Only partial scholarships are available.

STUDENT INFORMATION

Student Name: _____

Address: _____ City: _____

State: _____ Zip _____

Phone: _____

Returning: yes no Age: _____ Gender/Pronouns: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip _____

Evening phone: _____ Daytime phone: _____

Email: _____

Do you work? Full-time _____ Part-time _____

Employer: _____ #of hours/week: _____

Address: _____ Phone: _____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip _____

Evening phone: _____ Daytime phone: _____

Email: _____

Do you work? Full-time _____ Part-time _____

Employer: _____ #of hours/week: _____

Address: _____ Phone: _____

ELIGIBILITY CRITERIA

Partial scholarships (\$50-\$450)								Amount requested: _____ \$
# of persons in family:	1-3	4	5	6	7	8(or more)		
Gross monthly income:	\$2256	\$2722	\$3187	\$3653	\$4118	\$4584	Other \$ _____	

Attach verification of financial need. Acceptable verification consists of a copy of any one of the following:

Most recent 1040-A or 1040 form

AFDC identification

Most recent paystub(s) for all working household members (with YTD earnings)

Do you receive financial assistance from your school? Yes/No

Does the student have an after-school or weekend job? Yes/No

How many children live at home? _____

What are their ages? _____

Are you receiving any form of public assistance? Yes/No

MONTHLY INCOME (from all sources): \$ _____
ANNUAL INCOME (from all sources): \$ _____
TOTAL MONTHLY EXPENSES: \$ _____

Any pertinent information you would like to include: