

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: _____