

Children's Theatre Scholarship Application

Scholarship funds are limited and awarded based on financial need. Please fill out all sections of the application. Should you have any questions, please call the office at (580) 223-6387. Financials are reviewed by one scholarship committee member. Any social security numbers should be crossed out/redacted before submitting application. All financial information is shredded.

FOR OFFICE USE ONLY Date Received	
Production and Cost:	
Production: Scholarship Approved Scholarship Amount Scholarship Not Approved Signature	
Production: Scholarship Approved Scholarship Amount Scholarship Not Approved	

Instructions:

- Complete this application
- Please attach a copy of the following: Previous month's pay stubs for all wages earned in the family
- An award letter from one of the following, if applies: Soonercare, SSI/SSDI, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Free/Reduced Lunch
- If you are unable to provide the above information: Please write a letter describing why you are in need of the scholarship
- Send completed application to:

Student Information

Ardmore Little Theatre
PO Box 245, Ardmore, OK 73402
Or return in person at 401 First Ave., SW, Ardmore, OK 73401

First Name:	Last Name	e:
Gender: M F Age:	Date of Birth://	e: ' Grade in School:
Parent/Guardian Name: _		
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
E-mail:		
Total annual household inUnder \$10,000	sehold: Number of chil ncome (check one): \$10,001- \$19,999 \$20	dren in household: 0,000- \$29,999 over \$30,000 Ifluence your financial situation:
processed without it. Schoopplication does not guar	signed by the student's parent o olarship applications are review	or guardian and the application will not be ed before rehearsals begin. Submission of this will be notified upon acceptance.
Signature:		Date: