

BROADWAY ROSE

THEATRE COMPANY

Teen Summer Workshop Scholarship Application

Eligibility criteria: any student whose family presents a financial need may apply for a scholarship. You must certify that the cost of the program would otherwise prohibit the student(s) from enrolling in class. You may apply for a partial scholarship for each student in each class/workshop in our education programs.

Parent/Guardian Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Where did you hear about the scholarship program? _____

Student Information

Student Name: _____ Birthdate: _____ School: _____

Student Name: _____ Birthdate: _____ School: _____

Student Name: _____ Birthdate: _____ School: _____

TO BE COMPLETED BY THE STUDENT(S):

If applying for multiple students, please have them provide individual responses:

Please tell us why you would like to participate in the Broadway Rose Theatre Company Teen Summer Workshop.

Student Name: _____

Student Name: _____

Student Name: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

Please write a short statement of need describing your reason for seeking financial assistance.

We are happy to be able to offer partial scholarships to the Broadway Rose Teen Summer Workshop for any amount up to \$450, making tuition a minimum of \$50.*

How much scholarship assistance are you requesting? \$ _____

* We believe that our education programs should be accessible to any child with an interest in musical theatre. If any factors would still prohibit the student from enrolling, please contact Amaya Santamaria at 503-906-2383, or email at amaya@broadwayrose.org.

If the enrollment of the student is **contingent upon receipt of the scholarship**, please send this application along with the registration and medical information form without the deposit. We will hold your student's place until we are able to review the scholarship application and make a determination within one week of receipt of both pieces of paperwork. **The deposit (\$50) is due within 5 business days after being notified of your scholarship award.** Camp deposits are non-refundable.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture or my child's may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program. I certify that the cost of the program would otherwise prohibit me from enrolling my child in the class.

I affirm that I have either previously submitted the Registration and Medical Information Form for the Broadway Rose Teen Summer Workshop or have included it with this Scholarship Application. I hereby understand that if I am awarded this scholarship, according to Broadway Rose Theatre Company policy, I must pay the \$50 deposit within 5 business days and any remaining costs above the deposit by Friday, June 19, 2020.

Date: _____

Signature of scholarship applicant: _____

Signature of Parent/Guardian: _____

You will be informed of your application status within 1 week after we receive it. Camps fill up quickly so please apply early.

SUBMIT ALL COMPLETED APPLICATIONS TO:

Broadway Rose Theatre Company
Attn: Amaya Santamaria
PO Box 231004
Tigard, OR 97281

Or via email at: camps@broadwayrose.org