



49 WEST KORTRIGHT CHURCH ROAD • EAST MEREDITH, NEW YORK 13757 • 607.278.5454 • INFO@WESTKC.ORG

**YOUNG PEOPLE'S THEATER ARTS WORKSHOPS
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Parents'/Guardians' names _____

Child/Children for whom scholarship is requested _____

Address _____ E-mail _____

What was your family's: Gross income last year? \$ _____

Number of people in household? _____

Net income, if farming or otherwise self-employed? _____

Special circumstances of which we should be aware:

What amount of scholarship assistance are you requesting? \$ _____

I attest that the above statements are true and that our need for assistance is real.

Signature of parent or guardian _____ Date _____

Please return this form to the above address upon receipt. We will determine scholarship awards based solely on need and available funding and notify you by June 15. Please be advised that it is highly unlikely that any youngster will receive a full scholarship. The balance of the fee will be due by the start of the first class.