



OFFICIAL USE ONLY

Scholarship: _____ Value: \$ _____

Security Deposit Received: Yes No

Notes:

SCHOLARSHIP APPLICATION

INSTRUCTIONS: Please mail one completed form per child, along with your deposit (see Section D), to:

Broadway Workshop
ATTN: CMTF Scholarship
445 W. 54th Street #5A
New York, NY 10019

Today's Date (mm/dd/yyyy): _____

Section A :: Your Information

Child's Name _____

Child's Age _____

The full fee for this program is \$950. Please consider us for a (check one or both):

Full Scholarship Half Scholarship

Child's Ethnicity: (optional) Caucasian African-American

Hispanic Asian Native-American

Other: _____

Address (will be kept private) _____

City _____ State _____ Zip _____

Preferred Phone (w/area code) _____

Email _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Section B :: Statement of Need

These scholarships are given on the basis of both merit and need.

Therefore, please indicate your annual household income, as reported on your most recent tax return: \$ _____

How many people, including you, your spouse and dependents, are in your household? _____

IMPORTANT! Please initial the following statement and check the appropriate box:

The fee for the Children's Musical Theater Festival poses an unmanageable financial burden for my family. If my child is not awarded at least a Full Half scholarship, he/she will be unable to participate, and his/her name may be removed from casting consideration. I understand that we may reapply for future programs.

Section C :: Terms and Conditions of Scholarship

If a scholarship recipient misses more than one rehearsal, he/she will not be allowed to participate in the performance, as per the standard Broadway Workshop absentee policy. Dress

Rehearsals are mandatory. Should this happen, the scholarship recipient's deposit (in the amount of the scholarship amount) will not be returned.

_____ I agree. *By initialing here, you understand and agree to this policy.*

Section D :: Required Scholarship Deposit

Please write a check for the full amount of the scholarship for which you are applying (Full: \$950; Half: \$475), payable to **Broadway Workshop** and return it with this form.

Broadway Workshop/Children’s Musical Theater Festival will hold your check until your child has completed the last performance, at which point it will be returned to you or destroyed. ***If your child does not complete all performances, your check will be cashed.***

This policy protects the Festival from granting scholarships to children who unexpectedly drop out of the program. It is costly and time consuming for the theater to give a scholarship. When a scholarship is granted, it means that the theater will be paying for the child's costume and training, as well as forgoing a full registration from another performer. It also means that another child will not receive the same opportunity, since a limited number of scholarships is available for each show.

_____ I agree. *By initialing here, you understand and agree to this policy.*

Section E :: Signature

By signing below, you agree to the terms and conditions upon accepting a scholarship from The Broadway Workshop to participate The Children’s Musical Theater Festival.

_____ Signature

_____ Date (mm/dd/yyyy)

_____ A check for the full scholarship amount is enclosed with this application. (Required.)