



Authentic Community Theatre, Inc | PO BOX 4840 Hagerstown, MD 21742 | 301.491.7228 | www.actforall.org

Scholarship Application Form

Authentic Community Theatre, Inc in partnership with generous community donors, offers a limited amount of scholarship assistance each semester.

REQUIREMENTS:

1. Complete the Scholarship Application Form.
2. Once your form is complete you will be directed on which registration to complete.
3. Complete the Registration Form for the program(s) for which you are applying at www.actforall.org using the granted funds.

DISCLOSURES

Based on individual state of affairs, we may ask you to pay a minimum contribution to cover the cost of supplies or fees for the programs in which you are applying.

If applying for a production scholarship, there may be an additional audition/interview that will be conducted before the start of the semester to grant the scholarship.

STUDENT INFORMATION:

Students Name: _____

Date of Birth: _____ Grade: _____ Gender: ____ M ____ F

Parent's Name _____

Mailing Address: _____

City/State/ZIP: _____

Phone Number: _____ Email: _____

To be filled out by the student: Why do you want to participate in ACTjr?

What Program(s) are you applying for? _____

What is the total Tuition for the programs in which you are requesting assistance? _____

What is the MAXIMUM amount of Tuition you would be able to contribute? _____

Please list any other circumstances we should consider: _____

I understand that completing this application does not guarantee my student financial assistance in participating in programs related to Authentic Community Theatre, Inc. Furthermore, by signing this application, I agree that if my student is awarded the scholarship that they will abide by all program expectations and requirements. If my student is dismissed from the program for failure to uphold the expectations, or fails to complete the program in its entirety, I understand that I am liable for the **FULL TUITION** amount to be paid immediately, following the dismissal of my student.

Parent Signature: _____ Date: _____