ZONA GALE YOUNG PEOPLE'S THEATRE
Portage Center *for the* Arts, Inc.

2009 ZGYPT Scholarship Application Form

Student/Family Information: *All information on this form is considered confidential.*

(Please print neatly.)

Student's Name:

Last: _____

First: _____

Date of Birth: _____ Age _____ Sex _____

Grade entering in fall 2008 _____

Legal Guardian:

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

❑ Home Phone: (_____) _____ - _____

❑ Cell/Work Phone: (_____) _____ - _____
(Please check the phone number to be used in an emergency.)

E-mail: _____

Student statement of Interest:

Student: please complete the following statement (use back if necessary):

I want to participate in the Zona Gale Young People's Theatre Workshop(s) because…

_____

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_____ _____
Student's Signature Date

I am requesting the following scholarships:

CHILDREN'S THEATRE WORKSHOP

❑ Partial Scholarship ..... ($25.00)
❑ Full Scholarship ..... ($50.00)

YOUTH THEATRE WORKSHOP

❑ Partial Scholarship ..... ($50.00)
❑ Full Scholarship ..... ($100.00)

❑ Our family qualifies for free/reduced lunches at our school. (NOT a requisite for scholarship).

I understand that these limited scholarships are available through the generous support of individuals and/or corporate sponsors ("Angels").

As some "Angels" wish to remain anonymous, should you desire to write a thank you notes, please give them to the PCA Executive Director, who will forward the note.

Scholarship applicant/recipient information is kept strictly confidential.

Directors/assistant directors will NOT be informed of scholarship recipients.

❑ Check here if it is acceptable to inform the "Angel(s)" who supplied the scholarship the name of the student receiving it. *(Does not influence scholarship decisions.)*

_____ _____
Parent/Legal Guardian Signature Date

Please mail or bring this form (along with the Workshop Application Form) to The Portage Center for the Arts, P. O. Box 866, Portage, WI 53901