www.VOICETheatre.org
P.O. Box 353, Bearsville, NY, 12409
Studio: 917 494 6273 Box Office: 845 679 0154

Scholarship Form

Voice Theatre is dedicated to making its Youth Theatre Workshop accessible for children of all income levels, races, creeds and ethnicities.

Please fill out this form to be considered for a full or partial scholarship.

Name of Child: _____ Age: _____

What school do they attend?

_____

Is your child home schooled? _____

List reason for requesting a scholarship:

_____
_____
_____
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_____

Is there anything about yourself or your child that you would like to include in this application?

_____
_____
_____
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- Please also enclose an essay written by your child describing themselves and their background, their interest and experience in theater. It might be a paragraph or two.

- * I have read and completed all sections of this application and the information provided is correct. I am submitting all application forms, this scholarship application and my child's essay for your consideration.

  Signature of Parent or Guardian_____

  Print Name _____

  Date: _____

  Please send all forms to: Shauna Kanter, INFO@VOICETHEATRE.ORG or send to: Voice Theatre, PO Box 353, Bearsville, NY, 12409