



2023-2024 Classes for Youth and Teens Scholarship Application

Student Information

Name _____

Guardian Name _____

Guardian Address _____

Guardian Phone _____

Guardian E-mail _____

Guardian Employer _____

Course Titles You Are Submitting Scholarship Application for:	Start Date:
_____	_____
_____	_____
_____	_____

Alternative Course(s) You Would Accept a Scholarship For:

Total Number of Dependents	<input type="text"/>
Adjusted Gross Income	<input type="text"/>
Adjusted Gross Income for Spouse (if married)	<input type="text"/>

(Your adjusted gross income can be found on the following IRS forms: 1040 line 37, 1040 A line 47 & 52, 1040 EZ line 11, Telefile K (2))

I declare that the above information is true and correct to the best of my knowledge.

_____	_____
Signature	Date

*Please attach a half- to one-page essay explaining why you would like to train in one of our Classes. Return this form and all supporting materials to **Classes@ShakespeareTheatre.org***

Scholarships for Classes are made possible by the Lorraine S. Dreyfuss Theatre Education Fund.