



# Auburn Public Theater

## CLASS & CAMP SCHOLARSHIP APPLICATION FORM

Auburn Public Theater offers a limited number of partial & full scholarships to help cover tuition for families in need of financial assistance. In every case, the student applying should be excited to participate and the parent or guardian should be willing to pay as much as possible toward the tuition fee. To complete your application, families must provide the following:

- a completed scholarship application form
- a copy of your **most recent tax return** (*no exceptions, no pay stubs, please*)
- the amount you are able to pay
- a letter explaining your financial need and your child's interest in theater/ film/music

After receiving applications, the APT Scholarship Committee will meet and will notify applicants as soon as possible afterwards regarding their decision.

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### IMPORTANT

Please return all application materials to:  
**Scholarship Committee**  
**Auburn Public Theater**  
**8 Exchange Street**  
**PO Box 771**  
**Auburn NY, 13021**

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Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Place of work \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Place of work \_\_\_\_\_

I \_\_\_\_\_ do hereby attest that the information given is correct to the best of my knowledge. I understand that all information will be kept confidential. I also understand that I will pay some portion of the tuition fee.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**FOR COMMITTEE USE ONLY**

Date received: \_\_\_\_\_

Total Fee \$ \_\_\_\_\_ Family Pays \$ \_\_\_\_\_

Approved ( ) Yes ( ) No