



SCHOLARSHIP APPLICATION

Sonoma County Repertory Theater

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New Policies: *Please Read Carefully*

Please read carefully, as our scholarship procedures have changed!

We are proud to offer scholarships for you/your child to attend classes at Sonoma County Repertory Theater. As always, we are willing to work with you, either in the form of full or partial scholarships, through the possibility of work-trade options and/or payment plans. *Please understand that filling out this application does not automatically qualify you for a scholarship.* After we have reviewed your application, we will contact you to let you know if you have qualified for a scholarship and for what amount. The amount of scholarships are ever-changing, so, if you do not qualify for a scholarships this time, don't hesitate to apply again in the future. Feel free to contact us with questions!

To find out if you qualify for a scholarship, and at what level, we need the following information:

1. The size of your household (# of people living in the home)
2. Annual household income (combined income of all members of the household, annually).

To Apply for a Scholarship: NOTE: Incomplete or late applications will not be accepted.

1. Complete this form and return it to Benjamin Stowe at Sonoma County Repertory Theater.
Applications MUST be received at least 5 business days BEFORE the start of a class.
2. Provide a copy of your most recent tax return form (Form 1040), or other annual household income.
3. You will be contacted to confirm whether you qualify for a scholarship or not, and for what amount (if applicable).

Student/Parent Information:

Class or Show: _____ **Student Name:** _____

Parent/Guardian Name(s): _____

Home Phone: _____ **Cell Phone:** _____

Parent e-mail: _____ **How often do you check e-mail?** _____

Household and Income Information:

Number of people living in your home: _____

Annual household Income: _____

NOTE: Please attach recent proof of household income (Tax Form 1040 or other documentation). *Scholarship applications will not be processed without this information.*

Additional Information (optional): We do understand that life circumstances can also affect you financially. In the space below, please tell us of any circumstances which also affect your ability to pay. *This information will be kept confidential.*

Other Options:

_____ **Work-Trade:** If you do not qualify for a full scholarship, remember, there might be a possibility to do a work-trade (in exchange for a scholarship). If you are interested in this option, please list areas of interest/expertise below. Please note that all work-trades will need to be approved on a as-needed basis.

_____ **Payment Plans:** We WANT you/your child to be able to participate in our programs. Please mark the line next to this option if you are interested in payment plans. You will be contacted to set this up.

Parent/Guardian Signature:

_____ I understand that completing this application does not automatically quality me for a scholarship. I understand I will be contacted, after turning in the application, regarding the level of scholarship for which I apply.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Tuition Total: _____ Scholarship %: _____ Amount Due: _____
Payment: \$ _____ Date: _____ Type: _____