

SALTWORKS YOUNG ACTORS STUDIO SCHOLARSHIP APPLICATION

Name _____ Age _____ Grade _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Please answer each question thoroughly. If necessary, you may extend your answer onto another piece of paper.

1. Have you ever attended classes or workshops at Saltworks?

2. If your financial need is to be considered, please have your parent or guardian provide a brief description of your financial circumstances.

3. Why do you want to attend classes at Saltworks?

4. What do you enjoy doing besides acting?

5. What are some of your goals for your life?

6. Please ask a teacher or other adult who is not a relative to write a brief recommendation for you in the space below or have them send it to Saltworks under a separate cover.

7. Any additional comments from your parent/guardian can be made here.

Applicant's signature _____

Parent/Guardian's signature _____

Date _____

You will be notified as to the outcome of your scholarship request two weeks prior to the start of class. Please mail completed form to: SALTWORKS THEATRE CO., 569 N. Neville St., Pittsburgh, PA, 15213.

For office use only:

Rec'd ____/____/____

Response A/D

Rec'd By _____

Not'd ____/____/____

Amt. _____