

SALTWORKS YOUNG ACTORS STUDIO SCHOLARSHIP APPLICATION

Child's Name _____ Age _____ Grade _____

Address _____

Phone _____ Email _____

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

1. Has your child ever attended classes or workshops at Saltworks? _____
2. If your financial need is to be considered, please provide a brief description of your financial circumstances.

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

4. What are some things that your child enjoys doing? _____

Any further comments? _____

(office use only) _____

Received ___/___/___

Response A/D

Received by _____

Notified ___/___/___

Amount _____