

# 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?

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

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

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4. What do you enjoy doing besides acting?

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

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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.

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

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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., 939 California Ave., Pittsburgh, PA, 15202.

For office use only:

Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Not'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Response A/D

Amt.\_\_\_\_\_

Rec'd By\_\_\_\_\_