

The Majestic Theatre 880 Page Street Manchester, NH 03109 www.majestictheatre.net 603-669-7469

## Majestic Theatre Scholarship Application Form

## Please fill out the following information completely and attach requested financial information to this application. All information must be filled out in order for us to process your request. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Child's Name:	Date of Birth:		
Primary Contact:	_Mother	_Father	_Other (name)
Mailing Address:			
Phone:Email:			
Name of camp(s) you would like to register for:			
Scholarship amount requested: \$ mindful of how much you can contribute towards can	(please note mp tuition).	that we receive	many requests therefore be
Would a payment plan assist you in paying for camp	tuition?		
List all income of the household last month (4-week point of children living in household:	period):\$	Total in h	ousehold:
If receiving child support please list the amount \$		Frequency	
Family/member receives: (check all that apply) Free School Lunch Gov. Housing	Section 8	AFDC,	/Welfare Food Stamps
Expenses: Need is based on evaluation of monthly exneeded.	1	have a copy of y	your monthly billing available if
Monthly Mortgage/Rent \$ Monthly Ve Monthly Utilities (gas, heat, electric) \$	chicle (payment Quarterly	& insurance) \$	
Please use this space to add anything that you feel is i	mportant for u	s to know:	

Continue 🗢

Describe your child's interest in theatre and how you feel they would benefit from participating:				
I, (print name)	_attest that all the information that I have submitted on this			
scholarship request form is truthful. Signatur	eDate:			
A Majestic representative will contact you in	a timely manner to notify you of our decision. Our goal is to provide			
all youth with an interest in theatre an oppor	tunity to participate in Majestic Programs. Scholarships are dependent			
on current funding received through grants, s	sponsors and individual donors.			

Majestic use only: Date Received:

Amount to be Awarded: \$\_\_\_\_