



2022/23 YOUTH AFTER SCHOOL CLASS  
SCHOLARSHIP APPLICATION

**PLEASE USE ONE FORM PER STUDENT.**

The Ross Ragland’s Youth After School Class Financial Aid program is based solely on need. We offer full, half and partial scholarships depending on the cost of the class. Due to the great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. Your information will be kept confidential. Please return this form to The Ross Ragland Theater at 200 North 7<sup>th</sup> Street, Klamath Falls, OR 97601 or you may email it to: [education@ragland.org](mailto:education@ragland.org). For questions, please call Dawn Loew, Ragland Education Director at (541) 887-8637.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

**Total Household Income:**

(Fill in *one* column per applicable income type.)

	<u>Weekly</u>	<u>Monthly</u>	<u>Annually</u>
Salary/Wages/Tips			
Commissions:	_____	_____	_____
Grants/Scholarships:	_____	_____	_____
Alimony:	_____	_____	_____
Child Support:	_____	_____	_____
Other:	_____	_____	_____
<b>Total Household Income</b>			

**Names & Ages of all household members**

- |          |           |          |           |
|----------|-----------|----------|-----------|
| 1. _____ | Age _____ | 4. _____ | Age _____ |
| 2. _____ | Age _____ | 5. _____ | Age _____ |
| 3. _____ | Age _____ | 6. _____ | Age _____ |

**For which class are you requesting financial assistance (circle one):**

- Storybook Theater     
  Dramatic Movement & Dance     
  Dramatic Interpretation  
 Visual ART for Students

**What amount are you requesting (Circle One):**    Partial/ Half-scholarship or Full scholarship

**Note:** There is a \$30 processing fees for Full- scholarships

In order to fairly allocate our limited resources, please explain in detail any special circumstances and/or unusual expenses which prevent you from paying the full amount. (Large medical bills, family members in college, legal proceedings, etc.) Please provide as much information as possible. This will help us determine your degree of need.

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Would you be willing to work a few hours at the theater and/or in-kind trade of goods or services in exchange for tuition assistance? If so please explain below.

Please note any special skills that could be most helpful at RRT? (Painting/building sets, costume sewing etc).

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What hours would you be available?

Please detail in-kind trade options:

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**I confirm that the above information is truthful and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – Please do not write in this box.**

RECEIVED: _____	PAYMENT RECEIVED: _____
SENT TO COMMITTEE: _____	
APPROVED: _____	AMOUNT: _____
NOTIFIED: _____	