



2024 YOUTH THEATER CAMPS
SCHOLARSHIP APPLICATION

PLEASE USE ONE FORM PER STUDENT.

****Deadline for submissions: Wednesday, March 20 at 5pm (MCT Spring Break Camp)
Wednesday, July 10 at 5pm (Little Sprouts)
Wednesday, July 17 at 5pm (Big Camp)****

The Ross Ragland's Youth Theater Summer Camp Financial Aid program is based solely on need. We offer full and partial scholarships. 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 7th Street, Klamath Falls, OR 97601 or you may email it to: 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:	_____	_____	_____
Total Household Income			

Names & Ages of all household members

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

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

MCT Spring Break Camp Youth Summer Theater (ages 10-18) Little Sprouts (ages 6-10)

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

If requesting a partial scholarship, what amount are you able to pay: \$ _____

Note: Partial tuition assistance includes at least one fourth.

There will be a \$30 processing fee for each student that will be attending

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.

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).

What hours would you be available?

Please detail in-kind trade options:

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: _____	