



A very limited amount of scholarship funding is available for students who document a clear financial need. Scholarship applicants must submit the enrollment form, this scholarship application form, and financial information verification before they can be considered for a scholarship.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ [ ] male [ ] female

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

Parent 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Attach verification of financial need. Acceptable verification consists of a copy of any one of the following:

- a. Most recent 1040-A or 1040 form
b. Most recent paystub(s) for all working household members (with YTD earnings)

MONTHLY INCOME (from all sources): \$ \_\_\_\_\_

ANNUAL INCOME (from all sources): \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

Are you receiving any form of public assistance? [ ] Yes [ ] No

- Amount requested: [ ] Full Scholarship | Our family would not be able to participate without a full scholarship.
[ ] Half Scholarship | Our family can pay half the regular tuition.
[ ] Other Amount | Our family can pay \$\_\_\_\_\_, and requests a scholarship for the balance.

I do hereby certify that to the best of my knowledge, all of the information furnished on this form is complete and accurate. All information is considered confidential; however, I give my authorization to verify employment and/or current school attendance.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For questions, email education@marintheatre.org or call 415.388.5200 x3310.

Please return to Marin Theatre Company | 397 Miller Ave., Mill Valley CA 94941 | Fax: 415.388.0768