KCMT

SCHOLARSHIP REQUEST FORM

Our desire regarding financial assistance here at KCMT is twofold. One is to never turn a child away due to finances and the second is to provide financial assistance to as many families in need as we can. In order to make wise decisions regarding the distribution of scholarship funds and to assist you to the fullest, we need to know some additional information. This information will be helpful to us in understanding your situation. Please note that this information is kept in the strictest confidence.

Once we receive this form we will contact you to discuss your need further.

General Information:
- We ask that the non-refundable Registration Fee of $35 be paid to hold your child's place.
- This completed form and your Registration Fee should be submitted at least two (2) weeks prior to the posted **Registration** date.
- As we generally are only able to provide partial scholarships, we ask that you consider what you can do on your part, this can also include making three monthly payments.

Participant's (child's) **Name(s)** _____

       Have you participated in KCMT before? □ Yes □ No

       If so, what was your last show? _____

Participant's Statement: Please tell us why you wish to participate in KCMT and how or why this opportunity is important to you.

_____

_____

_____

Parent/Guardian's Name _____

    Email_____

    Primary Phone Number _____ □ home □ cell □ work

    Alternate Phone Number _____□ home □ cell □ work

Parent/Guardian Statement
- ❏ I am requesting a scholarship in the amount of $_____.
- ❏ I am requesting to make three (3) monthly payments in the amount of $_____ each.

Please explain your situation and any special circumstances.

_____

_____

_____

Participant and Parent/Guardian Signature

    I understand that receiving a scholarship for participation in KCMT is a mutual commitment made between me and KCMT. I agree to follow all program guidelines and policies.

Participant's Signature _____ Date_____

Parent/Guardian Signature_____ Date_____

Please mail the completed form and your registration fee *at least two (2) weeks prior to* the posted **Registration Date** to:
Kitsap Children's Musical Theatre, P.O. Box 2111, Poulsbo, WA 98370.