



OFFICE USE ONLY			
Date Received:		Percentage Eligibility:	
Reviewed:	<input type="checkbox"/> Scholarship App.	<input type="checkbox"/> Student Letter	<input type="checkbox"/> Parent Letter
Program:	<input type="checkbox"/> Class/Production	<input type="checkbox"/> Camp	<input type="checkbox"/> Other: _____
Season:		Notified Patron:	
Special Arrangements:		Final Percentage Approved:	

SCHOLARSHIP APPLICATION

Thank you for your interest in Fort Lauderdale Children's Theatre's classes, plays, and outreach programs. We make every effort to include all interested students, regardless of financial circumstances; to that effect our Board of Trustees adopted a scholarship program based on the Broward County Social Service Community Fee Schedule through Family Central. This percentage program factors in household income and number of people in the family to determine the scholarship award. Please be advised that a copy of last year's tax returns may be requested. All family financial information will be kept confidential, and is for scholarship award and reporting use only. Please fill out all information on both sides of the form and return to the business office.

STUDENT INFORMATION			
Name:	First	MI	Last
Mailing Address:	Street		
	City	State	Zip
Date of Birth:	/	/	School:
Age:			Grade:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Returning FLCT Student: <input type="checkbox"/> No <input type="checkbox"/> Yes Since: _____
Class Interested In: (location, day, time)			
Talents, Hobbies, etc.:			
Theatre, Voice, Dance Training:			

PARENT/GUARDIAN CONTACT INFORMATION			
Name 1:	First	MI	Last
Relation:		Occupation/Employed At:	
Work Address:	Street		
	City	State	Zip Code
Home Phone:	() -	Work Phone:	() -
Mobile Phone:	() -	E-Mail Address:	
Name 2:	First	MI	Last
Relation:		Occupation/Employed At:	
Work Address:	Street		
	City	State	Zip Code
Home Phone:	() -	Work Phone:	() -
Mobile Phone:	() -	E-Mail Address:	

FAMILY PROFILE

Completion of this profile will allow Fort Lauderdale Children's Theatre to report scholarship information to donors, help secure funding, and prepare final reports on grants to the Florida Division of Cultural Affairs, the Broward Cultural Division, the City of Fort Lauderdale, and the National Endowment for the Arts.

Ethnic Background: (please check one)	<input type="checkbox"/> African-American / Black, not Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> General (mixed race) <input type="checkbox"/> Other:
How many in household?	
Annual Household Income: (a copy of last year's tax return is required) Income Tax Return Statement and/or W2	
Are you a single parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes

- **Students (ages 8 and up):** Please write a brief narrative statement telling us why you would like to attend FLCT and sign and date the bottom. (Attach to Scholarship Application.)

- **Parents:** Please write a brief narrative statement telling us why your child should be considered for a partial tuition scholarship. Feel free to include any extenuating financial circumstances, and sign and date the bottom. (Attach to Scholarship Application.)

In the event this scholarship should be awarded, a presentation to the recipient may be done at an FLCT event. Any presentation will be with the permission of the parent/guardian of the recipient.

_____ Yes, I approve public recognition of my child's scholarship.
 (please initial)

_____ No, I prefer my child's scholarship be kept private.
 (please initial)

Fort Lauderdale children's Theatre fully supports Equal Opportunity for all regardless of age, race, creed, sex, or ethnic background. All applications become the property of Fort Lauderdale Children's Theatre. All information on this application will be held in confidence.

 Parent / Guardian Signature (on behalf of minor/ward) or Student Signature (if over 18 years)

 Date