



EDUCATION & OUTREACH

This application is for a

☐ FULL SCHOLARSHIP

☐ PARTIAL SCHOLARSHIP

Date Received ____/____/____

Scholarship Application

This application should be filled out by Parent, Guardian of or applicant over the age of 18 who declare themselves financially independent. Please fill out the information below using a blue or black pen. Please print clearly. All of the information provided in this application is kept confidential and used only for consideration purposes.

Application Process (Incomplete applications will not be considered.)

- __1. Complete the Applicant Information (Part 1).
- __2. Complete the Financial Information (Part 2).
- __3. Complete the Student Questionnaire (Part 3).
- __4. Complete the Statement of Need (Part 4).
- __5. Provide a copy of your most recent pay stub or other proof of income.
- __6. Provide a copy of your most recent income tax statement.

Drop off or mail all of the above to Rubicon Theatre Company 1006 East Main Street, Suite 300 Ventura, CA 93001 ATTN: Scholarships or send via fax (805) 667-2903 or email to bmcdonald@rubicontheatre.org. The application review process for classes is about one week. Applications for summer programs will be reviewed and decisions will be made by Friday May 22, 2015.

The Application Deadline for Acting Classes is 3 weeks prior to the start of class. Summer Program deadline is Saturday, May 16, 2015. All applications must be received by the deadline to qualify. NO EXCEPTIONS will be made.

Part 1: Applicant Information

1. Student's Name: _____ Date of Birth: ____/____/____

Program are you participating in: _____ Tuition Cost: _____

2. Do you have other children in the program requesting financial assistance? YES NO

If YES, please list their name(s) _____

3. Parent or Guardian: _____

4. Daytime Phone (_____) _____ - _____ 5. Evening Phone (_____) _____ - _____

6. Email _____

7. Mailing Address: _____

City: _____ State: _____ Zip _____

Part 2: Financial Information

1. Do you receive governmental aid? (i.e. Welfare, Medi-Cal, SDI, AFDC, SSI or SSA) YES NO

2. How many people live in your household? _____ 3. What is your total annual household income? \$_____._____

4. Are you currently employed? ____ If so, where? _____

5. Are you a single parent? YES NO

6a. If YES, do you receive child support? YES NO 6b. If YES, how much per month? _____

7. Have you ever received a scholarship from Rubicon before? YES NO

8. If YES when did your receive the scholarship and for how much? _____

9. How much financial assistance are you requesting? \$_____

I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____

Part 3: Student Questionnaire

If this application is for more than one student in your family, please have each student fill out their own questionnaire. A separate sheet of paper may be used if necessary.

Why do you want to participate in this program or class?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

What do you hope to gain from participating in this program or class?

[illegible]

What other theatre programs, if any, have you participated in?

Please list two teachers (past or present) who are able to serve as references:

1. Name _____ Phone (____) _____ - _____ Email: _____

What is your relationship?_____ How long have you known this person?_____

2. Name _____ Phone () - Email: _____

What is your relationship? _____ How long have you known this person? _____

Part 4: Statement of Need

Please describe your reasons for requesting financial assistance. A separate sheet of paper may be used if necessary.

[illegible]

TO BE FILLED OUT BY SCHOLARSHIP COMMITTEE

Approved by: _____ Date_____

☐ Call Made: ____/____/____ ☐ Letter Sent: ____/____/____

Notes: _____

Total Tuition \$ _____

Amount Requested \$_____

Amount Awarded \$_____

Balance Due \$_____