



LAMPLIGHT CHILDREN'S THEATRE

Scholarship Application

Please fill out completely – forms not filled out completely will be discarded

Student's Name: _____

Email: _____

Phone: _____ Student's Age: _____

Little Lights (ages 7-13) – Tuesdays 5:00-6:00 – \$60/month (*\$50/month Early Sign-up)

Impactors (ages 13-18) – Thursdays 5:00-6:30 – \$80/month (*\$70/month Early Sign-up)

Number in Household: _____

Total Family Income: _____

Why do you feel your child needs a scholarship? Please use the space below for explanations or circumstances you would like the committee to consider when reviewing your child's application.

There is no guarantee of a full scholarship. Full scholarships are VERY limited. Please indicate the amount of tuition that you can provide if you do not qualify for a full scholarship: _____

Parent's Signature: _____ Date: _____