



PEARL THEATER

Dramatically Impacting Lives Through the Performing Arts

PEARL ACADEMY OF PERFORMING ARTS SCHOLARSHIP INFORMATION

COMPLETED SCHOLARSHIP APPLICATIONS ARE DUE BY JUNE 1, 2018

A limited number of scholarships are available through the generous sponsorship of **Westside Veterinary Hospital** in Pearland. These scholarships are based on financial need or other circumstances. Submission of application does not guarantee a scholarship. Please fill out the attached Pearl Academy of Performing Arts (PAPA) Scholarship Application Form.

The Scholarships are offered to “underserved” communities and families of need for summer camps at the Pearl Theater.

Application Procedure:

- Students may not apply for more than one scholarship per year.
- Applicants must identify the camp for which the scholarship will be used.
- Students must include a letter (spelling will not be judged).
- Applicants may be required to submit reference information.

Take advantage of this unique opportunity to receive financial assistance with your theatre education!

Pearl Theater’s Summer Camp program offers students opportunities for expression, exploration, and the opportunity to make new friends while having fun learning theatre skills.

Theatre Scholarship Application Form Return this application via email along with the student-written letter to: director@pearl-theater.com

OR MAIL TO:

Pearl Theater
11601 Shadow Creek Parkway Suite 111-234
Pearland, TX 77584

DADA SCHOLARSHIP APPLICATION FORM

PEARL ACADEMY of Performing Arts

BASIC INFORMATION:

Student Name: _____

Male Female Age: _____ Grade (current school year): _____

School attending: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone # _____ Cell Phone # _____

Email Address: _____

Please make us aware of any medical and/or behavioral issues your child may have _____

Camp selection: _____

Is your participation in this camp contingent upon receiving a scholarship? _____ Yes _____ No

Have you previously received a scholarship from the Pearl Theater? _____ Yes _____ No

If yes, what camp? _____

Parents/Guardians: Please tell us why you would like your child to take this class (use the back of this sheet if necessary): _____

FINANCIAL NEED: Please provide the following information:

Number of adults in the household: _____ Number of Children in the household: _____

1. Has there been a current hardship in the family (please explain; i.e. loss of work, department restructuring, death in the family, etc.)

2. Does your family qualify for free or reduced lunches at school? _____ Yes _____ No

3. Do you or any member of your household qualify for food stamps? _____ Yes _____ No

4. Do you or any member of your household qualify for SSI? _____ Yes _____ No

5. Do any household members receive Medicaid? _____ Yes _____ No

6. Do you receive Section 8 Housing? _____ Yes _____ No

Please list a reference (any adult who is not a parent/guardian or relative and has had some interaction with the student) For example, a teacher or a coach:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

I understand that Pearl Theater provides full or partial scholarships and if I accept a partial scholarship, I agree to pay the balance of the camp tuition. I understand that submission of this scholarship application does not guarantee my child a scholarship. If my child does receive a scholarship, I also understand that he or she is to attend camp all days for the full time period. I hereby certify that I am a parent or legal guardian of the child listed on the previous page and that all of the information provided is correct and complete. I recognize that Pearl Theater will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should Pearl Theater instructors or staff, in their judgment, call 911 on behalf of my child in the event of an emergency. I understand that photographs may be taken during the course of the camp and I consent to the use of said photographs being used for Pearl Theater marketing and promotional efforts without specific written permission.

Parent/Guardian *A physical signature will be required if accepted.*

Signature Date

