



Lyric's AWESOME Summer Camp Scholarship Application

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:
The Lyric Theatre, Attn: Sue Nauss, 59 SW Flagler Ave, Stuart, FL 34994
Sue@LyricTheatre.com Fax: 772-283-2374 772-220-1942, ext 205

DATE OF APPLICATION: _____

I AM REQUESTING AID FOR: Session 1 Session 2

SCHOLARSHIP APPLICATION DEADLINE: MAY 1st

SUMMER CAMP SCHOLARSHIP GUIDELINES:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability
- Funding is limited and scholarships are not guaranteed to all applicants
- Staff of The Lyric Theatre and their children are not eligible for scholarship assistance.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need, merit and availability.

SUMMER CAMP SCHOLARSHIP RECIPIENT REQUIREMENTS:

- Submit completed application
- Submit most recent tax return
- Submit financial documents demonstrating need (if applicable, for need based)
- Submit child's most recent report card, and any other documents demonstrating exemplary behavior such as character recommendation letters from teachers, church leaders, sports & arts organization, as well as documentation of involvement in community arts

Special consideration may be given to students demonstrating the following:

- ❖ High academic achievement
- ❖ Strong character
- ❖ Outstanding citizenship
- ❖ Involvement in meaningful activities outside the classroom
- ❖ Demonstrates a passion for the performing arts through participation in:
 - Performing arts instruction
 - Performing arts productions
 - Regular attendance of live performing arts events

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PLEASE FILL OUT ONE FORM PER CHILD

Name of Child: _____ Birth Date: ____/____/____

Mailing Address: _____

City: _____

State: _____ Zip code: _____ Phone: _____

Family Email: _____

Rising Grade: _____ School: _____

Are any of your family members currently members of The Lyric Theatre? YES NO

If so, who? _____

TUITION PER SESSION IS \$395.00 + \$25 REG. FEE. A 10% DISCOUNT IS APPLIED FOR SIBLINGS.

Amount of scholarship you are requesting at this time? _____

Are you able to pay any portion of the tuition? If so, how much? _____

How many children currently live in the household? _____ Please list their ages: _____

REQUIRED FAMILY INFORMATION:

Father's Name: _____

Address (if different): _____

Place of Employment: _____

Mother's Name: _____

Address (if different): _____

Place of Employment: _____

Name of Legal Guardian (if not living with mother/father): _____

FINANCIAL INFORMATION

Eligibility for need-based scholarships is based on the following criteria as determined by the Federal Register Income Eligibility Guidelines and conditions, including household size* and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship. A child's performance in school and involvement in community arts organization will be taken into consideration as well.

*Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).

Total Household Size*	Yearly Income	Monthly Income
2	\$29,637	\$2,470
3	\$37,296	\$3,108
4	\$44,955	\$3,747
5	\$52,614	\$4,385
6	\$60,273	\$5,023
7	\$67,951	\$5,663
8	\$75,647	\$6,304

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$15,001- \$20,000 | <input type="checkbox"/> \$20,001-\$25,000 |
| <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$45,001-\$50,000 | <input type="checkbox"/> \$50,001 - \$55,000 | <input type="checkbox"/> \$55,001-\$60,000 | <input type="checkbox"/> \$65,000+ |

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? _____

Are other family members currently applying for assistance? Yes No

Has anyone in your family previously received financial assistance through our scholarship fund? Yes No

If yes, when? _____ How much was received? \$ _____

What is your previous experience at The Lyric Theatre and its programs?

Has your child demonstrated an interest in the performing arts? If so, please list examples: _____

Is your child currently involved in any community arts programs? If so, please list examples: _____

Will you child have reliable transportation to and from camp each day? _____

PLEASE NOTE: Camp hours are from 9:00am – 4:00pm. Campers must be dropped off and picked up promptly at these times. Guardian must also provide camper with a brown bag lunch and 2 snacks each day.



Post-Summer Camp Report
(Due 30 days after completion of Summer Camp)

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772-220-1942, ext 205

Child: _____ Birth Date: ____/____/____

Mailing Address: _____

City: _____ State: ____ ZIP: _____ Phone: _____

Family Email: _____ Rising Grade: ____

School: _____

Scholarship Type: Need Merit

When did you attend Summer Camp? (please list dates): _____

What did you learn at the Lyric AWESOME Summer Camp?

What was the most AWESOME part of Summer Camp?

What was the least AWESOME part of Summer Camp?

What is something you learned at camp that you will use at home and school in your everyday life?

