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 203

DATE OF APPLICATION: _____ **I AM REQUESTING AID FOR: ☐ Session 1 ☐ Session 2**
SCHOLARSHIP APPLICATION DEADLINE: APRIL 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

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 203

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 $450.00 + $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):

□ Below $10,000 □ $10,001-$15,000 □ $15,001- $20,000 □ $20,001-$25,000

□ $25,001-$30,000 □ $30,001-$35,000 □ $35,001-$40,000 □ $40,001-$45,000

□ $45,001-$50,000 □ $50,001 - $55,000 □ $55,001-$60,000 □ $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.



PLEASE RETURN THIS FORM 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 203

Post-Summer Camp Report

(Due 30 days after completion of Summer Camp)

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?

_____

_____

_____