



EDUCATION PROGRAMS SCHOLARSHIP APPLICATION

GENERAL INFORMATION

| | |
|------------------------|-----------------------------------------------------|
| STUDENT NAME: | <i>(please check one)</i> MALE FEMALE |
| PARENT/GUARDIAN NAME: | |
| STREET ADDRESS: | |
| CITY, STATE, ZIP: | |
| DAY PHONE: | EVENING PHONE: |
| PARENT/GUARDIAN EMAIL: | |

STUDENT INFORMATION

| | | | | |
|--------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| STUDENT'S GRADE LEVEL: | STUDENT'S DATE OF BIRTH: | STUDENT AGE: YEARS | | |
| SCHOOL NAME AND ADDRESS: | | | | |
| Has your child attended a Festival education program before? | <i>(please check one)</i> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table> | YES | NO |
| YES | NO | | | |
| Does your child receive free or reduced price lunches? | <i>(please check one)</i> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table> | YES | NO |
| YES | NO | | | |

REFERENCE INFORMATION *(teacher recommendation letter required)*

| | |
|-----------------|-------------|
| TEACHER NAME: | OCCUPATION: |
| STREET ADDRESS: | |

CITY, STATE, ZIP:

PHONE:

EMAIL:

STATEMENT OF FINANCIAL NEED BY APPLICANT (to be completed by parent or guardian, here or attached)

CLASS/CAMP REQUESTED:

FUND REQUEST (*amount*):

FUND GRANTED (*to be completed by Festival*):

Questions? E-MAIL mrapport@kcshakes.org OR CALL 816-531-7728.

Please return COMPLETED APPLICATION to:

Heart of America Shakespeare Festival
Attn: Matt Rapport, Director of Education
3732 Main St. Kansas City, MO 64111

OR

mrapport@kcshakes.org