

Scholarship Application

Student Name:	Age:	_DOB:
Parent Name:		
Phone Number:		
Email Address:		
Zip Code:		
 What program are you applying for?: Leg Up Classes Camp Jr. Production <i>(student must attend aut)</i> 	<i>ditions)-</i> Show: _	
Has this student ever participated in Wonder The □ Yes , (Explain) □ No		amps, or shows?
Has this student ever received a scholarship from Yes, (Semester) No		
How many children under the age of 18 live in th	e home?	
How many working parents live in the home?		
What is the family's average annual household in	ncome?	
 □ Less than \$20,000 □ \$20-30,000 □ \$30-40,000 □ \$40-50,000 □ \$50-60,000 □ \$60-75,000 □ Over \$75,000 		

Student Essay

Tell us what theatre means to you and how receiving this opportunity would benefit you. (*Parents may write this for younger students*)

- Please attach proof of San Antonio residence. (water or electric bill)
- If applicable, please provide proof of one of the following. *If you don't receive any of these benefits you may still apply. It doesn't necessarily disqualify an applicant:*
 - Medicaid
 - Children's Health Insurance Program (CHIP)
 - Proof of Public Housing Assistance such as Section 8
 - Supplemental Nutrition Assistance Program (SNAP) Food Stamps EBT
 - Temporary Assistance for Needy Families (TANF)
 - Women, Infant and Children Program (WIC)
 - VA Pension or Disability

*** The Wonder Academy provides scholarships to students regardless of gender or race. Scholarships are given based on work ethic, enthusiasm, dedication and talent as well as notable need of financial assistance. Amount of scholarships given per semester are based on available funding. No applicant is guaranteed a scholarship, and the Wonder Theatre Academy reserves the right to revoke admission to its programs on the basis of behavior of child or parent.***

Parent Signature:_____

Date:_____

Email completed form and corresponding documents to <u>Alex@wondertheatre.org</u>.