



# MANATEE

## PERFORMING ARTS CENTER

Artistic Inspiration for Everyone

### Summer Camp Student Scholarship Application 2017

DEADLINE May 19, 2017 for all summer programs  
 \* Scholarships will be awarded based off of available funding \*

#### Applicant Information

Please print clearly.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. mm/dd/yyyy

Address: \_\_\_\_\_  
Street Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx

Name of Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

#### Scholarship Information

Scholarship Amount Requested: \$ \_\_\_\_\_

Name of Program: \_\_\_\_\_

Reason you are requesting a scholarship and how it will help your family financially: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If only a partial scholarship is available, will student still attend? YES  NO

Referred by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Please Note: All scholarship recipients and/or family members will have required volunteer requirements.

A deposit of \$50 is required with this application to hold a space.

Student must also submit a brief letter stating why they want to attend.

Student must also submit a letter of recommendation from a teacher.

**Signature**

*The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship.*

Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*The Manatee Players, Inc. does not discriminate against any person on the basis of race, color, national origin, disability or age in admission or participation in its program activities, or in employment.*

**For Office Use Only**

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