2027 THEATER SCHOLARSHIP FORM

Thank you for your interest in Stasrhine Theater! This record will be retained as CONFIDENTIAL by Starshine for one calendar year.

_____ _____ _____
Name of Applicant (parent/guardian) Date Email

_____ _____ _____ _____ _____
Address City State Zip Phone

Check if prospective camper	Family members in household	Relationship to applicant listed above	Age

Are you and/or your spouse employed? _____ If yes, where: _____

Monthly Household Income _____ OR Annual Household Income _____

Do you currently have a permanent residence? _____ If so, rent or own? _____

Are there any other circumstances that help explain why you are in need of financial assistance to attend Starshine Theater?

_____

_____

Please check any that apply:

Of the After School Theater fees ($165 / $310 / $365), I am hoping for…

☐ a full scholarship (~90%); remainder due $40.

☐ a partial scholarship (~50%); remainder due $83 / $155 / $183.

☐ a partial scholarship (~25%); remainder due $124 / $232 / $274.

☐ I may also need assistance getting my kiddo to and from class. Please include me in a carpool request list. (Please note that transportation assistance is not guaranteed).

Signature _____ Date _____

To submit your scholarship application form please email your completed form to jennie@starshine-theater.com, text a photo of it to 541-645-0688, or print and mail to Starshine PO BOX 61 Camp Sherman, OR 97730.