



EDUCATION PROGRAMS SCHOLARSHIP APPLICATION

GENERAL INFORMATION

STUDENT NAME:	<i>(please check one)</i> MALE	NON-BINARY
	FEMALE	OTHER:
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>	YES NO
Does your child receive free or reduced price lunches?	<i>(please check one)</i>	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)

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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