CALIFORNIA MUSICAL THEATRE SCHOLARSHIP APPLICATION (PLEASE PRINT CLEARLY)

CAMP MUSIC CIRCUS: June 19 - 30 | Ages: 9 to 12 APPLICATION DEADLINE: Monday, May 8, 2017

For Office Use Only:		
Date Received:		
Email Conf. Sent:		
Scholarship Accepted:		

Name:	Date of Birth:// M 🔲 or F 🗆 or		
Address:		_ City:	
State:	Zip:	Home Telephone: ()	
Parent's/Guardian's Na	ıme:		
Parent's/Guardian's E-	Mail:		
Cell Number: ()		Home Number: ()	
Scholarship applican	ts must also provide:		
Camp Mu 2. A letter fr why appli Completed applicati	sic Circus. om a Parent or Guardia cant would benefit from ons should be sent to C California 1510 J Street, Suite	n defining the circumstances of the request and the experience of attending the selected program. California Musical Theatre's Administrative office at: Musical Theatre 200, Sacramento, CA 95819 tion Director, Gina Smith, at gsmith@calmt.com.	
All submissions must	be received no later th	an May 8, 2017.	
		s selection(s) to the Education Director who will or more of the designated programs based on	
How did you hear ab	out the CMT Scholarshi	p opportunity?	
☐ The CMT Website ☐ Social Media (Face) ☐ Academy Program ☐ Word of Mouth/	cebook, Instagram, Twit m	ter, etc.)	