

CAMP MUSIC CIRCUS: July 6-17, 2020 | Ages: 9 to 12

SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: May 1, 2020

CONTACT INFORMATION (Please print clearly or type)

Child's Name:	N	ckname:	
Grade in School: Age: Birth Date:/_	Ge	nder Identity/Pronouns:	
Address:			
City:	State:	Zip:	
Parent/Guardian Name:	Par	ent/Guardian Phone ()	
Parent/Guardian E-Mail:			
Please also provide a one-page letter from a parent or child would benefit from the experience of attending C	-		
ATTN: 1510 J Street, Sui	dway Sacramer Camp Music Ci te 200, Sacramo	to cus ento, CA 95814	
You may also email applications to Marissa Eng, All submissions must be received no later than May 1		cation, at meng@broadwaysacramento.com	
How did you hear about the Camp Music Circus Schola	arship opportun	ity?	
The Broadway Sacramento Website		Broadway Sacramento Playbill	
Social Media (Facebook, Instagram, etc.)		Word of Mouth/Friend	
Other:			
For questions or concerns, please contact Ma	rissa Eng, Direc	or of Education, at 916-446-5880, ext 122	
		For Office Use Only:	
		Date Received:	
		Email Conf. Sent:	

Scholarship Accepted: ____