

## Scholarship Request Form

*Please attach the following form to your Audition Registration Form. Your application will be reviewed and you will be informed at the time of casting whether or not your family is eligible for a scholarship. Thank you for your honesty and transparency.*

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: ( ) \_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Annual Gross Family Income: \_\_\_\_\_

Number of members living in household: \_\_\_\_\_

We are applying for:

\_\_\_ Sibling Discount

\_\_\_ Financial Need Scholarship

Why is it important for your family to receive this scholarship?

Why does your child want to be a part of a Haven Academy Class or Production?

Are there any additional concerns or circumstances that might help us in determining the necessity of your child receiving a Haven Academy scholarship?