



Scholarship Request Form

*Please include this form when your turn in your
Release Forms and Commitment Contract at the first day of class/auditions.*

Child's Name: _____

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Address: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Annual Gross Family Income: _____

Number of members living in household: _____

We are applying for:

____ Sibling Discount ____ Full Scholarship ____ Partial 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 scholarship?