



For ZACH Use Only
Date Received: _____
App #: _____

Performing Arts School Scholarship Application

To be considered for a full or partial scholarship for any ZACH Performing Arts School program, for each student, please submit:

1. A completed application form (including signature and date of parent/guardian)
2. An attached letter of recommendation from a teacher or coach describing the student's character, interest in theatre arts, and ability to work with others
3. An attached one page note from the student describing his/her interest in theatre arts, desire to be included in ZACH's Performing Arts School, and past theatre/performance experience (if any.)

If you have questions about this application, please contact Khara Vincent at 512-476-0594 x 236.

GENERAL INFORMATION (please type or print legibly)

Student's name

Primary Parent / Guardian name Relation to student

Street Address

City / State / Zip

Primary phone Alternate phone Student phone

Parent / Guardian email address

Student email address

Date of Birth Age

School attending Grade level

PROGRAM FOR WHICH A SCHOLARSHIP IS REQUESTED

- ____ Camp (include title _____)
- ____ Home school Class (include title _____)
- ____ Junior Troupe
- ____ Showstoppers
- ____ Afterschool or Saturday Class (include title _____)

FINANCIAL INFORMATION

(To be completed by primary parent or guardian of this student)

Scholarships to ZACH Performing Arts School programs are based on a combination of financial need, the recommendation of a teacher/coach and the student's desire to participate in theatre arts.

Please check all that apply:

- My family is eligible for a free/reduced lunch program
- My family is eligible for food stamps (Case number _____)
- The primary provider for this student has become unemployed within the last 18 months
- Our family income is less than \$25,000

Please provide any additional information regarding your family's financial hardship or special circumstance that qualifies this student for a scholarship.

If offered a partial scholarship, I can contribute up to (write in amount) \$_____

- I have attached the required letter of recommendation from a teacher/coach.
- I have attached the required note from this student

By signing this application, I agree that the provided information is true and correct. If my child is offered a full or partial scholarship, I understand that I am responsible for any additional expenses (including any remaining of the tuition cost) and all transportation to/from ZACH for him/her to participate in the program.

Signature of Primary Parent or Guardian

Date

Deliver completed applications in person or mail to: Khara Vincent, ZACH Performing Arts School, 1510 Toomey Rd., Austin TX 78704