**THE TN SUMMER ACADEMY**

 **SUMMER 2024**

*SCHOLARSHIP APPLICATION FORM*



*Please fill out this form in order to be considered for a Scholarship for the 2024 Theatre Network Summer Academy Program.*

**GENERAL INFORMATION**

|  |  |
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| STUDENT NAME  |  |
| STUDENT AGE  |  |
| STUDENT BIRTH DATE  |  |
| STUDENT ADDRESS |  |
| STUDENT PHONE NUMBER |  |
| STUDENT E-MAIL |  |

|  |  |
| --- | --- |
| PARENT NAME(S) |  |
| PARENT ADDRESS |  |
| PARENT PHONE NUMBER(S)  |  |
| PARENT E-MAIL (S)  |  |

**STUDENT SCHOLARSHIP APPLICATION FORM**

*(Students, please fill out the following)*

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| **Please give a brief explanation of your past experience in the arts.***This can include classes you’ve taken, performances you’ve participated in before, clubs you’ve been in etc.*  |

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| **Why would you like to participate in the 2024 Theatre Network Summer Academy?** |

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| **What are your future plans for pursuing the arts after the program?** |
| **If you are unable to receive a scholarship this year, would you still be able to do the program?** |

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| **If you were able to receive a scholarship this year, would you be able to participate in a “thank you to our sponsors/donors” event?** |

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| **Is there anything else you’d like for us to know about your scholarship application?** |