Atlanta Workshop Players
"Destiny" 2010
Performing Arts Experience
8560 Holcomb Bridge Rd, Suite 111, Alpharetta, GA 30022, (770) 998-8111, Fax: (770) 998-0227

Scholarship Application Form

A limited amount of scholarship funds are available for young people that qualify and are accepted into the AWP Summer Camp program. The scholarship aid is based on three premises:

1) There is a demonstrated need for assistance without which the student would not be able to attend.
2) The student will be able to contribute to and benefit from the program.
3) The student has the potential to eventually become a junior counselor or counselor.

** In order to be considered for a scholarship, **ALL** the following information must be submitted to the address above:

1) A completed camp registration form (It is not necessary to send the deposit.).
2) This Scholarship Application.
3) The enclosed Referral Form, completed by the applicant's school counselor/teacher or a performing arts teacher.
4) Financial information to support your need. (Taxable Income before Deductions last year, W-2, etc.)

Note: **In addition to the application, an interview & audition may be required. Failure to supply ALL information will result in a delay of your application being processed or disqualification for consideration. We need ALL the above information for you to be considered.**

Scholarship decisions for summer will be made on May 1, 2010, and applicants will be notified the following week.

Applicant Information

Applicant's Full Name:_____ **Male____, Female____, Age____**

Address:_____
Street **City** **State** **ZIP**

E-mail: _____ **Fax:** _____

Which Camp Session/Sessions do you wish to attend? _____

STUDENT'S Email:_____

Father's Name:_____ **Phone:** _____

Employed by:_____
Company Name

Mother's Name:_____ **Phone:** _____

Employed by:_____
Company Name

Guardian's Name:_____ **Phone:** _____

Employed by:_____
Company Name

Financial Information

(Taxable Income before Deductions last year)

Father_____ **Mother**_____ **Guardian**_____

Scholarship Requested:
Full Tuition_____
Half Tuition_____
Partial Tuition_____ (Please state the amount that you can pay; the more that you can afford, the more there is available to other kids.)

Number of Children in Family_____ **Number of Children Applying to Camp**_____

Student Applicant's Statement

Please tell us about your interests, experience and goals in the performing arts.

Why did you choose "Destiny" Performing Arts Camp?

Please list your hobbies and interests:

Applicant's Signature:_____ Date:_____

Parent/Guardian Statement

Please tell us about any financial situation unique to or recently experienced by your family, that we should know about, that may have bearing on our decision to grant a scholarship to your child.

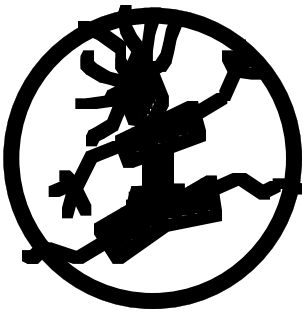
In order to help us make a decision about your needs, please send any financial documents that may be relevant, such as copies of last year's tax returns, etc.

Signature of Parent or Guardian

I certify that all of the information provided is to the best of my knowledge true and correct. Any misinformation that may be provided may be terms for immediate dismissal of any further processing of the scholarship request.

Parent/Guardian Signature:_____Date_____

Printed Name:_____



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School Counselor/Referral Form

Name of Applicant:_____

School Name or Referring Organization:_____

Contact Name:_____**Title**_____

Street/Mailing Address:_____

City:_____**State:**_____**ZIP:**_____

Telephone:_____**Fax:**_____**Email:**_____

Recommendation:_____

Signature:_____**Date**_____