



2010 NEED BASED SCHOLARSHIP APPLICATION—TWO PAGES

To be submitted with audition application

The programming of NORD/Crescent City Lights Youth Theater is designed to bring quality performing arts training to your people throughout the Greater New Orleans area at an affordable cost to families.

The need-based scholarship program is designed for young people who have a real, genuine interest in learning the performing arts but whose families are not in the financial position to advance their interest. Limit: One scholarship per family. Scholarship funds are limited and are dependent on grant funding.

Please check if the answer is yes:

- Attend public or charter school
- Be from a single-income household
- Have a family of low-income
- Enrolled in the free school lunch program
- Receive public assistance

To be eligible for a scholarship, the following items must be received by Thursday, May 13.

- 1) Completed audition application form with all attachments (essay, school report card and photo)
- 2) \$10 application fee
- 3) Completed scholarship application form
- 4) Proof of address—from a bill such as water or electric—preference to students who reside in Orleans Parish
- 5) Copy of parent's most recent federal income tax return

It is required that family members of the scholarship recipient volunteer a minimum of 12 hours through the course of the program.

Please check: I am applying for a full scholarship. I am applying for a partial scholarship.

Student's First Name: _____ Student's Last Name: _____

Date of Birth: _____ Grade Level (Fall, 2010): _____ Male Female

Name of School: _____ Type: Public Charter Private/Parochial

If attending private school, is the student receiving financial aid? Yes No

If yes, please enter the percentage of aid compared to the entire tuition ____%

Ethnic Background (optional): African-American Asian/Pacific Islander Caucasian Latino Native American Other _____

Primary Parent or Guardian's Name: _____ Cell Phone: _____

Relationship: Mother Father Grandparent Legal Guardian

Secondary Parent or Guardian's Name: _____ Cell Phone: _____

Relationship: Mother Father Grandparent Legal Guardian

With whom does the child currently live? _____

Applicant's parents are: Married Divorced Widowed Other

How many other children age 17 & under live in the home? _____

Please list your total Family/Household size _____

Please list your total family income _____

