

BROADWAY ARTS CONSERVATORY
SCHOLARSHIP APPLICATION FORM

2 WEEK SUMMER INTENSIVE MASTER CLASS PROGRAM

AVAILABLE FOR MILITARY FAMILIES AND FAMILIES EXPERIENCING HARDSHIP

PROJECT: _____ **Today's Date:** _____

PART A

Child's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____

Email _____

Name of Person Currently Serving in Military _____

Branch of Service _____ Length of Service _____

Relationship to student (Must be parent or guardian) _____

Name of Father _____

Address _____

City _____ State _____ Zip _____

Phone w/area code _____ or _____

Email _____

Occupation _____ Employer _____

Annual Income \$ _____

Name of Mother _____

Address _____

City _____ State _____ Zip _____

Phone w/area code _____ or _____

Email _____

Occupation _____ Employer _____

Annual Income \$ _____

Please list any other sources of income. This could be from the child's earnings (i.e. commercials, film, theater, etc.), child support, alimony, lottery, etc. _____

Number of children in the family: _____ Ages of children: _____

PART B

You are requesting a scholarship based on financial need. Please briefly describe your circumstances.

PART C

*If only a partial scholarship is available, how much do you feel you could contribute toward the total cost of the program? (If the amount is 0, please indicate this.) \$ _____

*If no scholarship is available, would you be able to make monthly payments? Yes No

PART D

Terms and Conditions of Scholarship

If a scholarship recipient misses more than one class or rehearsal, he/she will not be allowed to participate in the performance, as per the standard BAC absentee policy. Dress/Tech Rehearsals are mandatory. Should this happen, the scholarship recipient's deposit (in the amount of the scholarship amount) will not be returned.

I agree. By checking here, you understand and agree to this policy.

PART E

If a scholarship is granted, please write a check **for the full amount of your scholarship** payable to **GRAMERCY PARK PRODUCTIONS/BAC** and mail it to:

GPP/BAC
28 Alana Drive
Hawthorne, NJ 07506

Check must be received prior to start of program. BAC will hold your check until your child has completed the program. It will then be returned to you. If your child does not attend all classes and performance, your check will be cashed.

This policy protects BAC from granting scholarships to children who drop out of the program. When a scholarship is granted, it means that BAC is paying for the child's training. As a limited number of scholarships are available, it also means that another child will not receive the same opportunity.

I agree. By checking here, you understand and agree to this policy.

PART F

By signing below, you agree to the terms and conditions upon accepting a scholarship from BAC to participate in a BAC program.

(

Signature

I have included a check for the full scholarship amount along with this application. (Required.)

Scholarships will not be awarded until the security check has been received.

*****Special Note*** Parents/Guradians of scholarship recipients are urged to please consider volunteering services during Program weeks and at Performances.**