



Date: _____

FIREBIRD CHILDREN'S THEATRE
WWW.FIREBIRDTHEATRE.NET

Student Scholarship Application

PLEASE COMPLETE AND RETURN TO: FIREBIRD CHILDREN'S THEATRE, P.O. Box 7283, Audubon PA 19407
Or email to altaira@firebirdtheatre.net

Child's Name(s): _____ Age: _____
_____ Age: _____

Please circle program that you are applying for:

Summer Main Stage Program Stage/Technical Crew Workshop Program: _____

Parent/Guardian Name(s): _____

Current Address: _____

Phone (home) _____ email address: _____

Number of persons in the household: _____ Number of Dependents: _____

Yearly Household AGI _____ (per line #37, Form 1040)

OR

All Income within the last 90 days: _____

Does your child receive free or reduced lunch at school: Yes or No (please circle)

Please describe briefly any extenuating circumstances of parents or child(ren):
(Single parent, unemployment, disabilities, physical/mental health concerns, etc.)

I/We are applying for a scholarship in the amount of \$ _____.

(Note: Firebird will grant partial and full scholarships. We do ask the student to pay a minimum of \$25 per program unless there is extreme need.)

I/We hereby certify that the above information is true and correct, and includes all residents and income for the household.

Signature: _____

Firebird Children's Theatre reserves the right to terminate scholarship at any time due to inappropriate behavior or false information.

For office use only:

Amount requested: _____ Amount approved _____ Approved by: _____

Program: _____ Date: _____