



Scholarship Application

(based on financial need)

Date: _____

Name of Child: _____

Age: _____ Grade: _____

Name of Parent(s): _____

Address: _____

City: _____ Zip _____

Contact Information (Please give all information and check preferred method of contact)

Preferred

() Email: _____

() Phone: _____

Toward which class do you want to apply this scholarship?

Class Title: _____

Required Financial Information: *Household Total Income:*

Under \$8,000 _____

\$8,000- \$15,000 _____

\$15,000- \$20,000 _____

\$20,000-\$25,000 _____

\$25,000-\$35,000 _____

Over \$35,000 _____

Number of people in household _____

To the best of my knowledge, the participant for whom this application is made is able to carry on any and all activities in Theatre Art Galleries' program. By checking the box below, I agree to release from liability and agree to hold harmless Theatre Art Galleries from any accidents that may occur when not under the direct supervision of Theatre Art Galleries. I also give permission for electronic or photographic images to be used by Theatre Art Galleries in its print or electronic media.

Signature of parent or guardian _____ Date: _____

Signature assures intent of the applicant to attend all class times for which the scholarship was given. We will contact you by email or phone with a decision after receipt of application.

Mail or email to:

info@tagart.org

**Theatre Art Galleries
220 East Commerce Ave.
High Point, NC 27260**