



Traveling Players Ensemble Scholarship Application

1. **Camper Name:** _____

2. **Applicant Information:**

Full name of applicant _____ Relationship to camper _____

Address _____ Apt. ___ House ___ Own ___ Rent ___

Home telephone number _____ Email address _____

Marital Status _____ Occupation _____

Employer _____ Annual Income _____

What other support do you receive? Please provide details on alimony, child support, or other income in your household? _____

Does the camper receive free or reduced price lunch through the public schools: ___ Yes ___ No

3. **Household:** (list all members of the household, include extended family/friends)

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

4. **Describe any circumstances that affect your ability to pay for your child's camp or class at Traveling Players . Use additional pages if necessary.**

