

Wild Horse Children's Theater

2101 Mountain Street, Carson City, NV 89703
775-887-0438 (Fax) 775-887-1549

KYRA & NORMA CONWAY SCHOLARSHIP APPLICATION

Wild Horse Production's Kyra Conway Scholarship Program is based solely on need. We offer full and partial scholarships. Due to the great demand for scholarship assistance and limited resources, it is important that you provide us with your complete financial need picture for full consideration.

Each scholarship recipient (or family member) is responsible for completing volunteer hours (1 volunteer hour for each \$10 awarded). Load in/load out is required and other volunteer opportunities include: sewing, set build/painting, prop making, box office, dressing room, assisting with rehearsals, peechee distribution, office work, etc.

All scholarship applications must be turned in at auditions. You will be notified prior to the first rehearsal of your scholarship grant amount.

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Participant's Name: _____
 Birthdate: _____ Age: _____
 Parent/Guardian: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work/Alt.Phone _____ Cell: _____
 E-Mail Address: _____

Has your child participated in WHCT previously?	Y	N	
Have you received a WHCT Scholarship grant previously	Y	N	
If so, when and in what amount? _____			

Total Household Monthly Income (from all sources): _____

Names & Ages of All Household Members:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please explain any special circumstances/expenses we should consider:

I confirm that I will complete 1 volunteer hour for each \$10 grant award. (Load in 10/26 and load out 11/16 are required dates) and that the above information is truthful and accurate to the best of my knowledge.

Signature: _____ Date: _____

This application is strictly confidential. Only Wild Horse Productions staff and board members will have access to this information.

FOR OFFICE USE ONLY – Please do not write below this line

Received _____ Sent to committee _____

Approved Amount \$ _____ Volunteer hours required _____

Notified _____ By _____