

# Wild Horse Children's Theater

## Scholarship Application

Wild Horse Productions Financial Aid program is based solely on need. We offer full and partial scholarships. Due to the great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. PLEASE USE ONE FORM PER STUDENT. Please return this form to Wild Horse Productions, 3955 Golden Eagle Lane, Carson City, NV 89701. You can fax this form to 775-882-3497. If you have questions, please call 775-887-0438. This application is strictly confidential. On Wild Horse Productions staff will have access to this information.

Student's Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Total Household Income:**

(Fill in one column per applicable income type.)

	Weekly	Monthly	Annually
Wages/Tips/Commissions:	_____	_____	_____
Grants/Scholarships:	_____	_____	_____
Alimony:	_____	_____	_____
Child Support:	_____	_____	_____
Other:	_____	_____	_____

**Names & Ages of All Household Members:**

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

**Please Explain Any Special Circumstances/Expenses You Currently Have: (Large medical bills, family member in college, legal proceedings, etc.).**

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**Would you be willing to work a few hours at the theater in exchange for tuition assistance?**

If so, do you have special skills that could be used?

What hours would you be available?

**I confirm that the above information is truthful and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – Please do not write in this box.**

**Received**

**Sent to committee**

**Approved**

**Amount \$**

**Notified**