

Helen Hayes Youth Theatre Scholarship Application

SCHOLARSHIP APPLICATION (PLEASE PRINT CLEARLY)

Please specify the program you are interested in:

For Office Use Only:

Rec'd _____

PC _____

AP _____

Name: _____ Date of Birth: __/__/____ Male Female

Address: _____ City: _____

State: _____ Zip: _____ Home Telephone: (____) _____

Parent's/ Guardian's Name _____

Parent's/ Guardian's E-Mail _____

Cell Telephone: (____) _____ Office Telephone: (____) _____

Scholarship applicants must also provide:

(1) a 250 word description of background, interests and why he/she would like to attend Helen Hayes Youth Theatre.

(2) a letter from his/her Parent or Guardian defining the circumstances of the request and why this child would benefit from the experience of attending the selected program and,

(3) a letter from his/her Teacher or Friend detailing the child's unique talents and how participation in the selected program can enhance his/her skills and understanding of the discipline.

How did you hear about the HHYT? Blog Website Ad Workshops Other _____

Complete applications should be sent to helenhayesyt@gmail.com