



**Topeka Civic Theatre
& Academy**
3028 SW 8th Avenue
Topeka, KS. 66606

SCHOLARSHIP APPLICATION FORM

*Please fill out the form below and return to the Topeka Civic Theatre
c/o TCTA Bethany Dunham, Education Director
For more information: CALL (785) 357-5213.*

Name of Parent or Guardian (please print) _____

Address _____ ZIP _____

Home Phone _____ Day Time Phone _____

Parent's e-mail _____

Session (Circle One)

Fall Winter Spring Summer 1 Summer 2 Summer 3

Name of Student(s) (please print) _____

Name of Class _____ Day and Time _____

Student(s) birthdate _____ Grade _____

Estimated Monthly Income: _____ Estimated Monthly Expenses: _____

Full Tuition Due _____

Amount the Parent/Guardian can contribute to the class: _____
(Must be at least 60% of enrollment fee)

I would prefer to make enrollment payments in the amount of \$_____ for _____ weeks.

Below, please write a brief account of why you would need financial assistance for your child to attend Topeka Civic Theatre Academy.

For TCTA Staff Only

Scholarship granted for: _____ in the amount of _____

Today's Date

Class Session

Signature

Title