



Student Scholarship Application Form

**All scholarship requests must be submitted
at or before individual show auditions**

*Please return this application with a **copy of your most recent tax return (1040 or W2)** to:
Blue Water Theatre Company, Office Manager, P.O. Box 662, Wayzata, MN 55391*

Student Name: _____

Age: _____ Grade Level: _____

Show Name for Requested Scholarship: _____

Parent Name(s): _____

Home Street Address: _____

City: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Other Phone: _____

Number of Persons in Household: _____

Do You or Your Household Qualify for Free or Reduced Lunch? _____

What Is Your Annual Household Income (before taxes)? _____

If applicable, monetary amount your family could comfortably pay at this time: _____

Additional Considerations or Information: _____

If awarded funding, would you be willing to complete a few hours of volunteer hours for Blue Water Theatre Company? Yes No

I certify that all of the above information is true and correct.

Applicant Signature

Date

*All information provided is confidential and will be kept on record at Blue Water Theatre only.
There are a limited number of scholarships available each year.*