



Scholarship Application Form

**Scholarship requests must be submitted
at or before individual show auditions or prior to class registration.**

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

Youth Name: _____

Age: _____ Grade Level: _____

Class or Show Name for Requested Scholarship: _____

Parent/Guardian Name(s): _____

Home Street Address: _____

City: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Other Phone: _____

Number of Persons in Household: _____

Does a Member of Your Household Qualify for Free or Reduced Lunch? _____

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

Additional Considerations or Information: _____

If awarded a scholarship, would a member of your family be willing to complete a few hours of volunteering with Blue Water Theatre Company? Yes No

I certify that all 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.*