



# SCHOLARSHIP APPLICATION for *HOW TO SUCCEED (Summer 2024)*

1<sup>st</sup> Auditioner’s Full Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Auditioner’s Full Name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

3<sup>rd</sup> Auditioner’s Full Name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian 1’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 1’s Employer \_\_\_\_\_ Employer phone \_\_\_\_\_

Parent/Guardian 1’s Email Address \_\_\_\_\_

Parent/Guardian 2’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 2’s Employer \_\_\_\_\_ Employer phone \_\_\_\_\_

Parent/Guardian 2’s Email Address \_\_\_\_\_

# of children in family \_\_\_\_\_ # of children participating in TMTO \_\_\_\_\_

First experience with TMTO? Yes \_\_\_\_\_ No \_\_\_\_\_

Gross monthly income \_\_\_\_\_ Monthly expenses \_\_\_\_\_

Amt of scholarship requested from TMTO\* = \_\_\_\_\_ (\$350 maximum per performer)

*\*Please Note: Participation Fee is \$100 per family, plus \$400 per performer. Scholarships are not applied to the \$100 family fee, but the \$100 may be earned back by completing volunteer hours during the production [1 hour = \$10 rebate], depending on the show’s needs. Payment options are available during registration.*

**Please explain why you feel a scholarship should be awarded to your cast member/family:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you be willing and available to work additional volunteer hours (more than 10) to assist with the production?**

- Yes, I’m willing and available.
- I’m not able to work additional hours.
- Other: \_\_\_\_\_

Parent / Guardian’s Signature \_\_\_\_\_

Parent / Guardian’s Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I am providing a letter of recommendation from: *(optional)* \_\_\_\_\_