**Summer Theater Arts Revue Scholarship**

There are a limited number of partial scholarships available for participants in the STAR program. You may receive up to 50% off the fee, depending on the number of applicants and funds available.

If you would like to be considered, please fill out this application and return it by **May 1, 2023.**

**PLEASE NOTE:** Applications received with a postmark later than May 1, 2023 will not be considered. Mail to:

Jane Anderson, executive director

Thief River Falls Area Community Theater

201 Sherwood Avenue North

Thief River Falls, MN 56701

\*Application must be filled out by the student (not parents).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Show: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us in your own words why you are applying for this scholarship. Include why you want to be in summer theater and what you hope to learn and achieve by participating in the STAR program this summer. Include other information, such as financial need, that would support your request. (Use back of page if you need more room)

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Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Must be postmarked by May 1, 2023**