

Temple Theatre Summer Conservatory

Conservatory Scholarship Application

Applicant's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Telephone (home/work): _____

Total Monthly Family Income: _____

This information is used only to determine need and will not be used for any other purpose

Number of Family Members living on this income: _____

Explain any special circumstances:

Applicant's statement of interest in theatre and desire to be involved in the Temple Theatre Conservatory program:
(You may use the back of this sheet)

Parent/Guardian Signature: _____

Date: _____

Please mail form to:
Temple Theatre Summer Conservatory
P.O. Box 1391 Sanford, NC 27331-1291