

Temple Theatre Educational Programs Scholarship Application

Applicant's Name _____ Age _____

Class/Educational Program _____

Email Address _____

Parent/Guardian _____

Address _____

Telephone _____

Total Monthly Family Income _____ Number of family members living on this income _____
This information is used only to determine need and will not be used for any other purpose

Explain special circumstances, if necessary:

Applicant's statement of interest in theatre and desire to be involved in the Temple Theatre education program:

Parent/Guardian Signature _____

Please mail form to:
Temple Theatre Conservatory
120 Carthage Street, Sanford, NC 27330
Or email to educationdirector@templeshows.com