



# Shoestring Theatre

## Youth Program Scholarship Application

Parent/ Guardian Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### **Please describe/explain need below**

*Scholarships are awarded based on need and on a first/come first serve basis.*

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Shoestring Theatre is a 501(c)(3) non-profit organization.  
 Special Thanks to our sponsors for making scholarships available for our youth programs



*Bring or Mail any partial payment (if applicable) and completed application to:*  
 Shoestring Theatre ★ 380 S. Goodwin St. ★ Lake Helen, Florida ★ 32744