

# Weatherwane

— PLAYHOUSE —

## EDUCATION DEPARTMENT SCHOLARSHIP APPLICATION FOR THEATER CLASSES

Date: \_\_\_\_\_

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

Relationship to the child:

Parent       Grandparent       Legal Guardian

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

\_\_\_\_\_ (home)      \_\_\_\_\_ (cell)      \_\_\_\_\_ (work)

This class is for:

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Class the child wants to attend: \_\_\_\_\_

Session:

- Fall, \_\_\_\_\_ (year)  
 Spring, \_\_\_\_\_ (year)  
 Summer, \_\_\_\_\_ (year)

***Weatherwane's policy for scholarships requires that the parent/parents pay a portion of the tuition.***

Amount this class costs: \$ \_\_\_\_\_ .00

Amount I can pay towards the class: \$ \_\_\_\_\_ .00

**Amount requested in scholarship funds:** \$ \_\_\_\_\_ .00  
(difference between cost & what parent can pay)

**Scholarships are awarded on a "first come – first served" needs basis.  
Please submit your request as soon as possible.**

# Weatherwane

—PLAYHOUSE—

## FACTS & FIGURES INFORMATION SHEET

*Some questions to help us process your request for scholarship monies.*

### FACTS:

#### **Marital Status:**

- Single
- Married
- Divorced
- Widow/widower

#### **Work Status:**

- Work outside the home  
Employer: \_\_\_\_\_
- Work from home (i.e. baby sit, sew, etc.)
- Self-employed  
Type of work: \_\_\_\_\_

#### **Sources of Income:**

- Pay from employer
- Alimony
- Child support
- Social Security Benefits
  - Myself
  - Spouse
  - Child
- Other sources of income (food stamps, welfare, etc.)  
Please list: \_\_\_\_\_

#### **Childcare:**

- Have an unpaid "in home" sitter (i.e. grandparent, friend, neighbor, etc.)
- Have a **paid** "in home" sitter, (i.e. grandparent, Nanny, friend, neighbor, etc.)
- Utilize a child-care facility
- Private home child-care (babysitting) service
- Latch-key program through the public school system
- Other, please list: \_\_\_\_\_

#### **Housing:**

- Purchasing a home
- Own my home
- Rent
- Live with a parent
- Other: please list: \_\_\_\_\_

# Weathervane

—PLAYHOUSE—

**Transportation:**

- Purchasing my car
- Own my car
- Use public transportation (busses)
- Use taxi service

**Healthcare:**

- I have health insurance
- I do not have health insurance
- Children have health insurance
- Children do not have health insurance
- Other, please list: \_\_\_\_\_

**Miscellaneous:**

- I am responsible for taking care of a parent or grandparent
- I attend college, technical school, etc.
- Other, please list: \_\_\_\_\_

**BASIC FIGURES:**

I am the Head of the household  
\_\_\_ yes      \_\_\_ no

Number of adults in the home: \_\_\_\_\_

Please list: \_\_\_\_\_

Number of children in the home: \_\_\_\_\_

List ages: \_\_\_\_\_

Income per month: \_\_\_\_\_  
include all sources - wages, salaries,  
tips, social security benefits, etc. (minus)

General expenses per month: \_\_\_\_\_  
Include rent, utilities, food, medicines,  
health, auto, home insurance,  
credit cards, etc.

**TOTAL SPENDABLE MONIES** \_\_\_\_\_  
(income minus expenses)

Any other information that you might feel will help us in determining the amount of scholarship monies for which you qualify.  
(use the back of this page if necessary)

# Weatherwane

—PLAYHOUSE—

ONCE COMPLETED, please return this application to:

Director of Education  
Weatherwane Playhouse  
1301 Weatherwane Lane  
Akron, Ohio 44313-5186