



For Alley ECE Office Use Only:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2018 SUMMER SCHOLARSHIP APPLICATION

**This scholarship covers the full or partial cost of one two-week summer camp session.**

**PART ONE:** Please include a short paragraph below from the student describing their interest in theatre, participation in Play Makers and reason for financial assistance. *Recommended length: 200 words.*

**Continue to PART TWO on next page.**

**Summer APPLICATION DEADLINE: Must be received by Friday, April 27, 2018**

615 Texas Ave., Houston, TX 77002 • Phone: 713.315.5423 • E-mail: [cathyb@alleytheatre.org](mailto:cathyb@alleytheatre.org)

**This scholarship covers the full or partial cost of one two-week summer camp session.**

**PART TWO:** Please complete the information below. *Financial documentation may be required in certain instances.*

PLEASE INDICATE CAMP LOCATION AND SESSION(S) interested in: (select up to two options)

**FORT BEND**

**HOUSTON – June 4 – 15**

**HOUSTON – June 18 – 29**

**HOUSTON - July 9-20**

**HOUSTON - July 23 – Aug 3**

---

STUDENT'S NAME (FIRST / MIDDLE / LAST)

DATE OF BIRTH

---

SCHOOL ATTENDING

RISING GRADE LEVEL – FALL 2018

---

NAME OF PARENT/GUARDIAN (FIRST/LAST)

RELATION TO STUDENT

---

PARENT/GUARDIAN'S E-MAIL

CELL PHONE

---

YOUR STREET ADDRESS

APT#

CITY

STATE

ZIP

NEED EXTENDED CARE? CAMP HOURS 9:00-3:00PM. (check all that apply)

AM – 8:00-9:00

PM – 3:00-5:00

HAS YOUR CHILD ATTENDED PLAY MAKERS BEFORE? (check one)

YES

NO

**FINANCIAL INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN):**

INDICATE IF YOU ARE (check one):

EMPLOYED

SELF-EMPLOYED

UNEMPLOYED

---

NAME OF EMPLOYER

WORK PHONE NUMBER

2017 income \_\_\_\_\_ Number of people in household \_\_\_\_\_

How much do you feel you can contribute towards camp tuition? \$ \_\_\_\_\_

*By signing this application, I agree that the provided information is correct. I agree to provide transportation for my child to and from the camp location every day of the Play Makers session. If my child is offered a partial scholarship, I agree to pay the balance of the tuition in-full 1 week before the selected camp start date otherwise I understand that I forfeit my scholarship. For credit/debit, contact Dancy Lukeman at 713.315.5424 or mail a check to the address below.*

---

PARENT/GUARDIAN SIGNATURE

DATE

**Summer APPLICATION DEADLINE: Must be received by Friday, April 27, 2018**

615 Texas Ave., Houston, TX 77002 • Phone: 713.315.5423 • E-mail: cathyb@alleytheatre.org