



## Enlightened Theatrics Scholarship Application

*At Enlightened Theatrics, we believe that the performing arts should be accessible to everyone. Please fill out the following eligibility form for need-based scholarship funds. It is our goal to share the funds we have available with as many participants as possible. Scholarships priority will be given to families with financial need. All information will be kept confidential.*

*If granted, you will be contacted via email with a confirmation letter.*

### APPLICANT INFORMATION

Name of Enlightened Theatrics Program \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

### FINANCIAL NEED INFORMATION

Does the \$125 fee cause a financial hardship for your family? \_\_\_\_\_

If possible, how much of the \$125 fee can your family pay without causing financial hardship? \_\_\_\_\_

Has anyone in your family been laid off or had their hours reduced due to COVID-19? \_\_\_\_\_

Has your family experienced displacement or financial hardship due to Oregon wildfires? \_\_\_\_\_

Does your child qualify for free or reduced price lunch program at school? \_\_\_\_\_

*Thank you for your time and interest in Enlightened Theatrics programs. We will be in touch about scholarship amounts soon.*

**Please submit completed form to:**  
Enlightened Theatrics  
187 High St NE Suite 209 Salem, OR 97301  
**Email:** BoxOffice@EnlightenedTheatrics.org  
**Phone:** (503) 585-3427

### Box Office Use Only

Amount Awarded: _____	Date Awarded: _____	Approved: _____
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