



**Scholarship Application
for
Broadway Bound**
www.broadwaybound.org

Actor's Name _____ Age _____ School _____

Program desired (summer camp, show) _____

Is this your first time with us? Yes No How did you hear about us? _____

Mother / Guardian

Father / Guardian

Name _____

Address _____

City, St, ZIP _____

Email _____

Home ☎ _____

Work ☎ _____

Cell / Pager _____

Occupation _____

Employer _____

Financial Information:

Does your child qualify for the free or reduced lunch program at school?

____ Yes: If so, attach a copy of the approval letter, sign below and submit this application.

____ No: Complete the annual income section below, attach a copy of your most recent Federal Income Tax Return, sign and submit this application.

Annual Income:

Mother/Guardian: \$ _____ Father Guardian: _____ Total: \$ _____

Number of people in your household (Line 6d on your tax return): _____

I attest that the above information is true and correct.

Parent / Guardian Signature X _____ Date _____