

CMW Financial Assistance Scholarship Application Form

Your request for assistance is confidential. The information you provide will not be shared with any individuals or organizations outside of CMW. (unless requested by granting organizations providing scholarship monies.)

To be completed by Parent(s)

What is your annual household income? \$_____

How many children are there in your family? _____

Amount of Scholarship requested \$_____

Has your student expressed an interest in the performing arts? Yes No

Please provide a short explanation for why you want your student to participate in this program.

Street Address

City

State

Zip

Home Phone

Parent Name (please print)

Parent Signature

Date

To be completed by Student (over age 10):

Are you interested in learning about the performing arts? Yes ____ No ____

What are your areas of interest? Please circle the items that apply.

Acting Singing Dancing Scenic Design

Costume Design Lighting Design Sound Design

Stage Management All of the Above

Please provide a short explanation for why you want to participate in this program.

Student Name (please print)

Student Signature

Date

Mail your completed application form to: **CMW Scholarship, P.O. Box 69, Stevensville, MI 49127**