

Rocky Mountain Theatre for Kids

"Professional Children's Theatre at its Best!"

SCHOLARSHIP / WORK EXCHANGE APPLICATION

Par	rent's Name:	Application Date:	
Chi	ild's Name:		
Age	e of child:		
Chi	ild's Birthday:		
Scł	hool your child a	ttends:	
Hoi	me Address:		
Hoi	me Phone:	Cell Phone:	
Em	nail Address:		
SE:	SSION(S) YOU	ARE APPLYING FOR:	
1.	We offer severa	al scholarships; for which are you applying? Please circle.	
	Scholarship	Work exchange	
2.	What is your co	mbined family income? (PLEASE INCLUDE MOST RECENT TAX RETURN)	
3.	Please indicate	if you are: Married, Single, Divorced, or Separated.	
4.	Why are you in	terested in our program?	
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5.		nad any previous theatre training? d what was their experience like?	



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6.	What would you say your child's strengths are?
7.	What would you say your child's weaknesses are?
8.	Tell us a little bit about your child.
9.	Has your child ever been in a play before? If so, which one and where?
10	. What qualities could your child bring to our program?
11	. What experience does your child have in acting, singing or dance?
	. Are you applying for scholarships elsewhere? If so, where and what is the status of your plication?
13	. What other extracurricular programs has your child been involved with over the past year?



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For Work Exchange Applicant

1.	What skills could you offer for work exchange?	
2.	Please list the dates, times & days you would be available: (Ex. 6/7-6/21, M, W, F after 1pm)	
3.	How many hours per week would you be available?	
	4. Which of the following volunteer tasks might you be willing to do? Please check all that apply:	
5.	If you offer professional services, what are they and what do you normally charge for your services?	

Thank you for your interest in our program. Our Executive Director will contact you within two weeks of the receipt of your application. Please feel free to call us with any questions you might have.