



SCHOLARSHIP APPLICATION FORM

Complete and return to theatreanddance@troy.edu

Applicant Name(s) _____

Address _____ Age _____

School Attending _____ Grade _____

Parent(s)/Guardian(s) _____

Summer Spotlight Program(s) for which you are registering:

_____ "Mini-Spots" Creative Drama Camp _____ Creative Drama Camp

_____ ComiCamp _____ Performance, Tech, or Film Intensive

Amount of scholarship assistance requested: \$ _____

Reasons for Scholarship Application:

How will Summer Spotlight be a valuable experience for you/your child?

Signature of Applicant or Parent/Guardian

Date

OFFICE USE ONLY: _____ **Not Awarded** _____ **Awarded Amount of \$** _____ **Authorized by:** _____ **Date:** _____