

Summer Spotlight

at TROY UNIVERSITY

SCHOLARSHIP APPLICATION FORM
Complete and return to theatreanddance@troy.edu

Applicant Name(s) _____

Email _____ Phone _____

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:* _____