CAL SHAKES
CALIFORNIA SHAKESPEARE THEATER

Application Deadline:
April 30

APPLICATION FOR FINANCIAL ASSISTANCE SCHOLARSHIP

SUMMER SHAKESPEARE CONSERVATORIES

Please Check which Program you are applying for:

- ☐ Orinda 4 week: June 22 – July 17
- ☐ Orinda 2 week: July 20 – July 31
- ☐ Oakland 4 week: June 29 – July 24
- ☐ Piedmont 2 week: July 27 – August 7

For office Use Only:
Date ____/____/____
App. # _____

PLEASE READ THE FOLLOWING REQUIREMENTS VERY CAREFULLY

Students who apply for these scholarships must meet the following requirements:

1. You must have a desire to learn about and take part in all aspects of theater.
2. If you receive a scholarship, you must agree to attend the program each day for two or four weeks (whichever is applicable).
3. Your parents/guardians must provide your transportation to and from the program each day.

This application will be considered only if all questions are answered completely. **PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.**

GENERAL INFORMATION

STUDENT'S NAME (FIRST / LAST) DATE OF BIRTH GENDER

STREET ADDRESS APT# CITY STATE ZIP

CURRENT GRADE CURRENT SCHOOL ATTENDING

( ) ( )
HOME PHONE ALT. PHONE

STUDENT'S E-MAIL PARENT / GUARDIAN'S E-MAIL

FINANCIAL INFORMATION (TO BE FILLED OUT BY GUARDIAN)

NAME OF PARENT / GUARDIAN (FIRST / LAST) RELATION TO STUDENT

NAME OF PRIMARY INCOME PROVIDER (IF DIFFERENT FROM ABOVE PARENT / GUARDIAN)

MARK IF YOU ARE: ☐ CURRENTLY EMPLOYED ☐ SELF-EMPLOYED ☐ UNEMPLOYED

ADDRESS OF EMPLOYER CITY STATE ZIP

( )
WORK PHONE OCCUPATION NO. OF YEARS AT PRESENT JOB

Net Monthly income: $_____ Estimated monthly expenses: $_____ Net yearly income in 2014 $_____

Number of dependents_____ How much do you feel you can contribute towards tuition? $_____

Are you receiving federal or state assistance? ☐ YES ☐ NO If yes, what kind?

Please attach a SIGNED copy of your 2014 Federal Income Tax Returns and any other documentation that will help us assess your need for a scholarship.

If you are not receiving assistance but still believe that you have financial hardships that qualify your child for a scholarship, please explain these hardships below or attach an additional page to the application:

STUDENT QUESTIONAIRE (TO BE COMPLETED BY STUDENT)

STUDENT'S NAME:_____

Please describe why you think Cal Shakes Summer Programs will be of benefit to you and what you think you can contribute to the program and your fellow actors.

Be sure to: (1) State your ideas clearly (2) Use complete sentences (3) Make sure your spelling is correct (4) Write your essay in ink on this page or attach a typed copy (350 words or less) and (5) DO NOT make your essay longer than this box.

By signing this application, I agree that the above information is correct and that I will pay the portion mutually agreed to for the Summer Shakespeare Conservatory if my student receives a partial scholarship.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN (PRINT NAME) _____

MAIL OR FAX COMPLETED APPLICATION TO:
Summer Conservatory Registration / California Shakespeare Theater
701 Heinz Avenue, Berkeley, CA 94710
Fax: 510.843.9921 Phone: 510.809-3293 Email: bsotelo@calshakes.org