



SCHOLARSHIP APPLICATION for Productions

(MUST BE SUBMITTED TO CRATERIAN OFFICE 10 DAYS PRIOR TO AUDITIONS)

Please Note: if a scholarship is awarded and accepted, the cast member OR a parent/guardian must write a testimonial about their experience in the program. Upon conclusion of the production, please email testimonials to aspens@craterian.org.

Name of production for which scholarship is requested: _____

1st Auditioner's Full Name _____ Age _____ Phone _____

2nd Auditioner's Full Name (if applicable) _____ Age _____ Phone _____

3rd Auditioner's Full Name (if applicable) _____ Age _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian 1's Name _____ Daytime phone _____ Evening phone _____

Parent/Guardian 1's Employer _____ H.R. /employer phone _____

Parent/Guardian 1's Email Address _____

Parent/Guardian 2's Name _____ Daytime phone _____ Evening phone _____

Parent/Guardian 2's Employer _____ H.R./employer phone _____

Parent/Guardian 2's Email Address _____

of children in family _____ # of children participating in TMTTO _____ First experience with TMTTO? Yes _____ No _____

Gross monthly income _____ Monthly expenses _____

➤ **The cost to participate in TMTTO is \$100 per family, plus \$325 per performer. The \$100 family fee is not eligible for scholarship, but can be earned back at the rate of \$10 per hour by volunteering during the production. Installment payment options are available during registration.**

(Please note: families with multiple auditioners who are awarded scholarships are not eligible for a sibling discount; if you register and pay before being awarded a scholarship, the sibling discount will be withdrawn when and if the scholarship is approved.)

Amt of scholarship requested from TMTTO = _____

Please explain why you feel a scholarship should be awarded to your cast member(s):

What important additional contributions do you think you and/or your family would make to the production, and to TMTTO?

I am providing a letter of recommendation from _____

Parent / Guardian's Signature _____

Printed Name _____ Date _____

SUBMIT COMPLETED APPLICATION TO: TMTTO, 23 S. Central Ave., Medford, OR 97501, or via email: tmtoregon@gmail.com