



SCHOLARSHIP APPLICATION for The Drowsy Chaperone

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 TMTO _____ First experience with TMTO? Yes _____ No _____

Gross monthly income _____ Monthly expenses _____

Amt of scholarship requested from TMTO* = _____ (\$275 maximum per performer)

**Please Note: Participation Fee is \$100 per family, plus \$325 per performer. Scholarships are not applied to the \$100 family fee, but the \$100 may be earned back by completing volunteer hours during the production [1 hour = \$10 rebate], depending on the show’s needs. Families with multiple auditioners who are awarded a scholarship are not eligible for the sibling discount; if you register and pay before being awarded a scholarship, the sibling discount will be withdrawn when and if the scholarship is approved. Payment options are available during registration.*

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 TMTO?

I am providing a letter of recommendation from _____

Parent / Guardian’s Signature _____

Printed Name _____ Date _____

PLEASE SUBMIT COMPLETED APPLICATION VIA EMAIL to tmtocraterian.org.