



SCHOLARSHIP APPLICATION for *BYE BYE BIRDIE*

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 _____ Phone _____

Parent/Guardian 1’s Employer _____ Employer phone _____

Parent/Guardian 1’s Email Address _____

Parent/Guardian 2’s Name _____ Phone _____

Parent/Guardian 2’s Employer _____ 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* = _____ (\$350 maximum per performer)

**Please Note: Participation Fee is \$100 per family, plus \$400 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. Payment options are available during registration.*

Please explain why you feel a scholarship should be awarded to your cast member/family:

Would you be willing and available to work additional volunteer hours (more than 10) to assist with the production?

- Yes, I’m willing and available.
- I’m not able to work additional hours.
- Other: _____

Parent / Guardian’s Signature _____

Parent / Guardian’s Printed Name _____ Date _____

I am providing a letter of recommendation from: *(optional)* _____