



**INSTRUCTIONS:**

*Please fill out this form completely.*

*Attach it to your enrollment form for classes or camps.*

*Attach it to your audition packet with the resume form, permission slip, and conflict calendar.*

*All scholarship requests must be made in advance of classes, camps, and productions.*

*Scholarships do not apply to one-day workshops: Play Days or Play Dates*

**If you have questions, please contact:** (573) 449-4536 or [trysps@me.com](mailto:trysps@me.com)

Parent/Guardian Name:

Student's Name:

Phone Numbers: HOME:

CELL:

Address:

Email:

Student's Age:

Student's Grade:

School Attending:

Has your child attended any TRYPS class, workshop, camp, or production before:

If so, when?

Have you pre-qualified or received assistance from the Voluntary Action Center?

YES • NO

*800 N Providence Rd # 220 • Columbia, MO 65203 • (573) 874-2273*

Does your family qualify for WIC, Food Stamps or any government assistance program?

YES • NO

Is this child on Free/Reduced Lunch?

YES • NO

All scholarship recipient families will be asked to volunteer to assist in some way at the office, as a shadow teacher, as a technical intern (set building, painting, costumes).

Are you willing to fulfill an assignment in exchange for your tuition discount?

YES • NO

Please describe the reason you are applying for a scholarship.

Please include any special circumstances you would like us to consider when making a decision. (You may use the reverse side of this page if more space is needed.)

*Application information remains confidential.*

**TRYPS Children's Theater • Columbia Mall • 2300 Bernadette, #918 • Columbia, MO 65203  
(573) 449-4536 • FAX (573) 449-4548 • [trysps@me.com](mailto:trysps@me.com) • <http://tryspskids.com/>**