



CELEBRATING CENTERSTAGE

TRYPSChildren'sTheater
Theater Reaching Young People & Schools
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573-449-4536

PARTIAL SCHOLARSHIP RECOMMENDATION FORM

- 1. Download this form to your computer.
2. Please fill out this form completely. www.trypskids.com/recommendation
3. Please email it directly to TRYPS. trypskids@gmail.com
4. The family who provided you with this form is applying for a Partial Scholarship for one of our programs.
5. TRYPS will make every effort to provide a partial scholarship and/or payment plan for every child who applies to participate.
6. Your candid evaluation is very important as we consider need, motivation, and a child's ability to successfully participate in, grow, and complete programs.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Person making this recommendation: \_\_\_\_\_

Name of School or Employer: \_\_\_\_\_

Relationship to Child: \_\_\_Teacher \_\_\_Counselor Other: \_\_\_\_\_

YES\_\_\_ NO\_\_\_ If the TRYPS staff has further questions, may we contact you?
If "yes," please share the following:

Mobile phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

Email: \_\_\_\_\_

YES\_\_\_ NO\_\_\_ In your opinion, would this child benefit from participating in one of the TRYPS theatre programs?
If so, why?

Multiple horizontal lines for providing a response to the recommendation question.

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On a scale of 1-5 (five being the highest), please rank this child's:

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 1. Attitude                                       | 1__ | 2__ | 3__ | 4__ | 5__ |
| 2. Level of Respect for Adults & Peers            | 1__ | 2__ | 3__ | 4__ | 5__ |
| 3. Level of Personal Discipline                   | 1__ | 2__ | 3__ | 4__ | 5__ |
| 4. Level of Maturity                              | 1__ | 2__ | 3__ | 4__ | 5__ |
| 5. Work Habits                                    | 1__ | 2__ | 3__ | 4__ | 5__ |
| 6. Ability to Focus without Prompts               | 1__ | 2__ | 3__ | 4__ | 5__ |
| 7. Ability to Follow Directions                   | 1__ | 2__ | 3__ | 4__ | 5__ |
| 8. Ability to Stay on Task                        | 1__ | 2__ | 3__ | 4__ | 5__ |
| 9. Ability to Participate Successfully in a Group | 1__ | 2__ | 3__ | 4__ | 5__ |
| 10. Ability to Cope with Noise                    | 1__ | 2__ | 3__ | 4__ | 5__ |
| 11. Ability to Process / Accept Changes           | 1__ | 2__ | 3__ | 4__ | 5__ |
| 12. Ability to Accept Feedback / Redirection      | 1__ | 2__ | 3__ | 4__ | 5__ |
| 13. Ability to Participate Successfully           | 1__ | 2__ | 3__ | 4__ | 5__ |

YES\_\_ NO\_\_ If you scored any of the above questions with a Level 1, 2, or 3, are you able to provide further insight?  
If "yes," please share:

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What insight can you give us about goals for learning this child may have?

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On the following scale, what level of recommendation would you give this child?

- \_\_\_\_ 5 Excellent, no reservations whatsoever  
\_\_\_\_ 4 Very good, no reservations  
\_\_\_\_ 3 Some reservations (please explain)  
\_\_\_\_ 2 Many reservations (please explain)  
\_\_\_\_ 1 I would not recommend this child at this time. (please explain)

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*I affirm that all information provided is correct and complete.*

Name of Person Making This Recommendation Signature / Online printed name provides confirmation.

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Date: \_\_\_\_\_

Thank you for sharing this sensitive information with us.  
Your feedback is considered sensitive and confidential.  
Your feedback is not shared with the scholarship candidate or their family.  
The TRYPS office staff will contact you directly with further questions.