



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*

If you have questions, please contact: (573) 449-4536 or tryskids@gmail.com

Parent/Guardian Name: _____

Custody/Joint Custody Name: _____

Student's Name: _____

Phone Numbers: HOME: _____ CELL: _____

Address: _____

Email: _____

Student's Age: _____

Student's Current Grade Level: _____

School Attending: _____

Scholarship Application is toward which TRYPS class or camp? _____

Has your child attended any TRYPS class, workshop, camp, or production in the current calendar year: YES • NO
If so, when?

What is your marital status? _____

Is there a significant illness or change in salary/earnings: YES • NO
If so, what is your situation?

How many dependent children are in your care and their ages: _____
Do any of your dependent children have special needs? YES • NO

What is your monthly income? _____
(Monthly income includes: partner/spouse income, alimony, child support, unemployment, SS/Pension)

What are your estimated monthly expenses? _____
(Monthly expenses includes: housing, credit cards, car payments, child support/alimony, utilities, child care, bank loans, personal, and other/specify)

Does your family qualify for WIC, Food Stamps or any government assistance program? YES • NO

Is this child on Free/Reduced Lunch? 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.

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