



1915 N Central Expy #120  
Plano, TX 75075  
972-836-7206  
OutcryTheatre@gmail.com

## SCHOLARSHIP APPLICATION

Scholarships are considered on a rolling basis when funding is available. Scholarship funds are limited and depending on the source of the funds, may be available only for residents of certain cities or counties, casting demands of a script, or selected classes. ALL SCHOLARSHIP APPLICATIONS FOR PRODUCTIONS MUST BE RECEIVED BEFORE THE SECOND WEEK OF REHEARSALS TO BE CONSIDERED.

Please fill out all sections of the application. Should you have any questions, please call the number above. Applications are kept on file for three years.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Gender:    Boy    Girl    Student's Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

eMail(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time: \_\_\_\_\_

Partial scholarships are available.

Production/Class Title: \_\_\_\_\_

Cost: \_\_\_\_\_ Amount you will pay: \_\_\_\_\_

In the space below, please provide a brief statement explaining what your child will gain from participating in the program. Use the back of this form if you need additional space.

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Major productions require a significant time commitment. Your youth's participation at all rehearsals is critical for both your youth and the entire cast. This involves weekly rehearsals, additional rehearsals, nightly rehearsals during tech week, and full weekend productions over multiple weekends. In the space below explain your commitment to the rehearsal and performance weekends. Also, please list the last three performances in which your child performed (N/A if this is their first show):

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Reason for scholarship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available for parent volunteer activities related to this production/class? \_\_\_\_\_

I hereby attest that the above is true and complete. I understand scholarships are awarded solely at the discretion of Outcry Scholarship Board and are subject to funding limitations.

Date: \_\_\_\_\_ Applicant's Parent/Guardian: \_\_\_\_\_