

**BRAZOS THEATRE IMPROV COMEDY CAMP
SCHOLARSHIP APPLICATION**



PLEASE FILL OUT BOTH PAGES COMPLETELY

Name of Camper: _____

Birth Date: _____

Age at Camp: _____

Grade Upcoming School Year: _____

Why are you requesting a scholarship?

How will attending Improv Camp benefit your child?

Is there any other information about yourself or the child you would like to include?

Total number of children/dependents in family: _____

Other relevant information: _____

Do you receive any Public Assistance? _____

Agreement:

I have read and completed all sections of this application and the information provided is correct.

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date: _____

Preferred Email: _____

Preferred Phone: _____