



Production/Program: _____

Scholarship Application

Participant's Name: _____

Gender: _____ Birth Date: _____ School: _____

Child lives with: Both parents together: _____ Mother: _____ Father: _____ Other: _____

Primary Guardian's Name: _____

Home address: _____

Home phone: _____ Work phone: _____ Cell: _____

Email Address: _____

Have you (your child) participated with Sierra School of Performing Arts before? Y N

Have you ever received a SSPA Scholarship? Y N

If so, when? _____

Number of children in the household enrolling in the program: _____

Financial circumstances we should consider: Please write a short essay telling the board why you are applying for the scholarship and why you think you deserve to be a recipient. The essay should be 250 words or less. Please attach it to this application. It needs to be typed (double spaced) or in legible handwriting written in ink.

NOTE: All information provided in this application will be used only by SSPA Board of Directors and will be kept completely confidential.

Minimum Volunteer Hours Required: 15

For Office Use Only

Scholarship Award: _____

Comments:
