

KISS THEATRE COMPANY SCHOLARSHIP APPLICATION

KISS Theatre Company
400 East End Centre
Wilkes-Barre, PA 18702
accounting@kisstheatre.org

(APPLICATION DUE WITH A \$50 REGISTRATION FEE TWO WEEKS PRIOR TO THE BEGINNING OF THE WORKSHOP APPLYING FOR)

Date: _____

Mother's Full Name: _____

Father's Full Name: _____

Address: _____

City, State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

E-mail Address: _____

Please complete the sections below:

<u>Child's Name</u>	<u>Age</u>	<u>School Grade</u>	<u>Workshop</u>

Father's Occupation: _____

Father's Employer: _____

Mother's Occupation: _____

Mother's Employer: _____

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Marital Status: (Single) (Married) (Divorced) (Widow)

Has your child attended a workshop before? Yes No

If yes, please complete below information:

<u>Child's Name</u>	<u>Workshop</u>	<u>Fee</u>	<u>Scholarship amount Awarded, if any</u>

Has your child attended a theater workshop/program other than KISS? Yes No

If yes, Please complete:

<u>Child's Name</u>	<u>Workshop/Program</u>	<u>Fee</u>	<u>Scholarship amount Awarded, if any</u>

<u>Income</u>	<u>2015</u>	<u>2016</u>	
Father's Income			
Mother's Income			
Stock/Bond Income			
Rent Income			
Interest Income			
Business income			
Total Income			
Expenses			
Medical Bills			
Alimony			
Auto Insurance			
Life Insurance			
Rent			
Mortgage			
Medical Insurance			
Business Loss			
Total Expenses			

