

KISS Theatre Company  
58 Wyoming Valley Mall

Wilkes-Barre, PA 18702

(570) 891-1901

**Workshop Scholarship Application**

Date: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please complete the sections below:**

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

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

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>200</u>	<u>200</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			

\*not covered by Insurance

Do you rent a home or apartment?  Yes  No Rental payment per month \_\_\_\_\_

Do you own a home?  Yes  No Monthly mortgage payment: \_\_\_\_\_

Do you own a car?  Yes  No  
if yes, please complete:

<u>Year</u>	<u>Make</u>	<u>Monthly Payment</u>

Please provide a copy of last year’s income tax return along with your W-2 form with this application.

**Explanations**

Please feel free to use this page to explain any answers or to justify request for a scholarship award by supplying additional information.

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