

# Oregon Conservatory of Performing Arts

## Application for Scholarship

When funds are available, we make need-based scholarships available to students who would not otherwise be able to participate in our program. In order to qualify, you must have a desire to learn about and take part in all aspects of theatre, and you must attend each day of the workshop, class or camp and performances. Application must be filled out full and accurately for your request to be considered.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ GPA \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer of Parent/Guardian \_\_\_\_\_

**Gross monthly income** for entire household (before taxes and deductions) \_\_\_\_\_

Include and identify all sources of income, including alimony or child support, veterans or social security benefits, unemployment or workers' compensation, and federal or state aid. (Itemize on reverse side if necessary)

**Number of people** in household living on above income \_\_\_\_\_

**Is student currently** enrolled in the free or reduced lunch program in an Oregon public school? Circle **Yes** or **No**.

**If the student is not** enrolled in the National School Lunch Program, please enclose proof of income (photocopies of tax return, pay stub or other government documents) and the require supplements noted below.

### Require Supplements:

- Letter of recommendation from student's teacher, principal, counselor or other adult educational mentor.
- Statement from the student, indicating his or her desire to participate in OCPA's programs.

Do you have special circumstances that make it impossible to pay the full tuition for the program? Please explain.

How much do you feel you can contribute towards tuition? \$ \_\_\_\_\_

Can you contribute in any other way?

\_\_\_ Create/print program \_\_\_ Costumes \_\_\_ Tech-lights/sound \_\_\_ Building sets \_\_\_ Helping backstage \_\_\_ Other

My signature verifies the statements are true.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Mail completed form and supplements with your registration form and non-refundable deposit to:  
OCPA, PO Box 1359, Medford, OR 97501*