



EILEEN J. SCHILLING MEMORIAL SCHOLARSHIP AWARD

APPLICATION FORM
2011-12 ACADEMIC YEAR

Instructions: This form must be completed by a responsible adult applicant on behalf of a student aged 7-18 for financial need-based scholarship for classes and/or productions at the Music Theatre of Connecticut. Scholarships are not available for private lessons. Please complete all fields below.

APPLICANT INFORMATION

NAME OF STUDENT _____

APPLICANT NAME _____

RELATION TO STUDENT _____

AGE OF STUDENT: _____ BIRTHDATE OF STUDENT _____

APPLICANT ADDRESS _____

TEL: (home) _____ (work) _____

PARENT E-MAIL ADDRESS _____

EMPLOYER OF APPLICANT _____

NUMBER OF PERSONS IN HOUSEHOLD _____

Is student currently enrolled at MTC? _____ Yes _____ No

If yes, which class _____

Has student ever received an MTC Scholarship before? _____ Yes _____ No

If 'yes', which academic year(s) _____ amount of scholarship(s) _____

What factors make this student more likely than most to have a positive and successful experience as a student at Music Theatre of Connecticut? (use additional page if needed)

APPLICATION FOR EILEEN J. SCHILLING SCHOLARSHIP AWARD (cont'd)

APPLICANT'S FINANCIAL INFORMATION

**Please attach most recently filed IRS 1040, 1040A or 1040EZ*

Annual Income \$ _____

Additional Income Sources (savings, investment income, etc.) \$ _____

Monthly Rent or Mortgage payment \$ _____

Other Major Family Expenses? Please explain. (Use additional pages if necessary)

CERTIFICATION

(Please initial each of the following upon completion)

_____ I have attached my most recently filed IRS 1040 (or 1040A or 1040EZ) as required.

_____ I understand the application deadline is September 30, 2012 for the 2011-12 Academic Year. I understand that I will be ineligible for an Eileen J. Schilling Memorial Award if this completed form and required attachments are not received by MTC by the deadline.

_____ I have answered all the questions on this form. There are no blanks.

_____ IF AN INTERVIEW IS REQUIRED TO RECEIVE AN EILEEN J.SCHILLING MEMORIAL AWARD, I understand that MTC will contact me if I need to reserve an appointment time.

I have read and completed this form and understand that the form and attachments must be received by the Music Theatre of Connecticut before the deadline stated above and that I may be required to attend interview before that deadline in order for the above named student to be considered for an Eileen J. Schilling Memorial Award. I also understand that if an Eileen J. Schilling Memorial Award is awarded, it may be revoked for lack of student's satisfactory progress. I also understand that an Eileen J. Schilling Memorial Award only covers a portion of tuition costs and I will be responsible for all remaining tuition, registration and performance fees, where applicable, should I accept Eileen J. Schilling Memorial Award.

Signature of Parent or Guardian

Date