



EILEEN J. SCHILLING MEMORIAL SCHOLARSHIP AWARD

APPLICATION FORM

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 for the following 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