



**SCHOLARSHIP APPLICATION**

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Date

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Student's Name

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Age

Grade

Gender

Pronouns

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Street

Apt #

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City

State

Zip Code

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Parent or Guardian's Name

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Email

Phone

1) What program(s)/ date(s) are you applying for?

2) What dollar amount or percentage of scholarship would allow you to attend?

**MORE QUESTIONS ON THE NEXT PAGE!**

*Please note that though we try to accommodate all scholarship applicants, applying for a scholarship does not guarantee funding.*



3) FROM THE PARENT/ GUARDIAN

What do you feel your child would gain from an arts education experience at Synetic Theater, and how do you want to see them grow?

4) FROM THE STUDENT

Why do you want to attend Synetic Theater? What do you most look forward to?

5) FROM THE PARENT/ GUARDIAN and/or THE STUDENT

Is there anything else you would like us to know as we consider your application?

**Please send this form  
and a copy of the FIRST PAGE ONLY of your most recent tax return  
to [ashton@synetictheater.org](mailto:ashton@synetictheater.org).  
Scholarship applications are accepted on a rolling basis.  
Thank you!**

*Please note that though we try to accommodate all scholarship applicants, applying for a scholarship does not guarantee funding.*