

**2017-2018 Classes Scholarship Application**

**Student Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

**Course Title You Are Submitting Scholarship Application for:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Alternative Course(s) You Would Accept a Scholarship For:** \_\_\_\_\_  
\_\_\_\_\_

**Please list all dependents:**

<b>Name</b>	<b>Age</b>
_____	_____
_____	_____
_____	_____

Total Number of Dependents

Adjusted Gross Income

Adjusted Gross Income for Spouse (if married)

Your adjusted gross income can be found on the following IRS forms: 1040 line 37  
1040 A line 47 & 52  
1040 EZ line 11  
Telefile K (2)

I declare that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Please attach a 2016 Tax Return or current pay stub as verification of your income.*

*Please attach a one page essay (12 point font, double spaced) explaining why you would like to train in one of our Classes.*

*Return this form and all supporting materials to [Classes@ShakespeareTheatre.org](mailto:Classes@ShakespeareTheatre.org) OR*

*Mail this form and all supporting materials to:*

*Shakespeare Theatre Company*

*c/o Brent Stansell*

*516 8<sup>th</sup> Street SE*

*Washington, DC 20003*

*Applications are accepted on a rolling basis, no later than one week before a class is scheduled to begin.*

*Call our Education Hotline at 202-547-5688 with any questions.*

*Scholarships for Classes are made possible by the Lorraine S. Dreyfuss Theatre Education Fund.*