

2018-2019 Classes for Teens Season Pass Scholarship Application

Student Information

Student Name _____
Guardian's Name _____
Guardian's E-mail Address _____
Address _____
Guardian's Phone Number _____

Please list all dependents:

Name	Age
_____	_____
_____	_____
_____	_____

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

Please attach a 2017 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 OR
Mail this form and all supporting materials to:
Shakespeare Theatre Company
c/o Brent Stansell
516 8th Street SE
Washington, DC 20003
Call our Education Hotline at 202-547-5688 with any questions.