

2016-2017 Master Acting Class 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:

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

2016-2017 Master Acting Class Scholarship Application

Please attach a 2015 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 Master Acting Classes.

Return this form and all supporting materials to stctraining@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

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.