



DreamScholarship Application Form
(Please print or type **all** information except signatures.)

Applicant's Name _____ Age _____ Gender M or F

Top 3 Camp Choices: 1st _____ 2nd _____ 3rd _____

Home Address _____

Home Phone _____ Second Phone _____ E-Mail _____

Signature _____

Grade Entering _____ School _____

Adults Living in Household _____ # Children Living in Household _____

Total Annual Household Income _____ (Attach proof of income)

Teacher Reference _____ School _____ Phone _____

I believe this student will benefit from a theatre arts program. Signature _____

Community Reference _____ Position _____ Phone _____

I believe this student will benefit from a theatre arts program. Signature _____

Parent or Guardian Name _____

Home Address _____

(H) Phone _____ (W) Phone _____

I know my son/daughter is applying for this scholarship. I approve of him/her participating in this program and will provide the necessary transportation. Signature _____

Parent or Guardian Name _____

Home Address _____

(H) Phone _____ (W) Phone _____

I know my son/daughter is applying for this scholarship. I approve of him/her participating in this program and will provide the necessary transportation. Signature _____ Date _____

Additional Questions On Back
If proof of income and camp registration are not included,
your application will NOT be processed.

Complete & Return to:
Lindsey Weibley
DreamWrights Youth and Family Theatre
100 Carlisle Avenue
York, PA 17401

APPLICANT: Answer the following questions in the space below.

- 1) Which camp are you seeking a scholarship for and WHY?
- 2) Why should you be chosen to receive this scholarship?
- 3) What is special to you about live theatre?