



WorkScholarship Application Form

(Please print or type all information except signatures.)

The camp I'd like to take is # _____ which runs (date & time) _____.
I am available to work the following weeks: _____
(Teaching assistants work times are all 8:30-3:30 or 8:30-4:30 Monday thru Friday.)

Applicant's Name _____ Age _____ Gender M or F

Home Address _____

Home Phone _____ Second Phone _____ E-Mail _____

Signature _____

Grade Entering _____ School _____

Theatre and other Arts experiences- interests- abilities. List on back of this page.

Number in Family _____ Ages of Siblings _____

Have you worked with younger children before? _____ individually _____ in groups _____

If yes, where, when and in what capacity? _____

Community Reference _____ Position _____ Phone _____

I have observed this youth working with other young people, and recommend him/her highly.

Signature _____ Comments _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____

I know my son/daughter is applying for this WorkScholarship. I approve of him/her working with another session and will see that he/she has the necessary transportation.

Signature

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____

I know my son/daughter is applying for this WorkScholarship. I approve of him/her working with another session and will see that he/she has the necessary transportation.

Signature

Complete & Return to:
Shannon Hallisey- Director of Education
DreamWrights Youth and Family Theatre
100 Carlisle Avenue
York, PA 17401