

8­­­ East Galena Blvd. Ste. 230 Aurora, IL 60506 \* 609-896-6810\* [school@paramountarts.com](mailto:school@paramountarts.com)

**PSA Scholarship Application**

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| **STUDENT INFORMATION** | | | | | | | | | | |
| **LAST NAME** | | **FIRST NAME** | | | | | | **M.I.** | | **DATE OF BIRTH** |
| **EMAIL** | | | **RACE/ETHNICITY (OPTIONAL)** | | | | **Gender Identity** | | **AGE** | |
| **STREET ADDRESS** | | | | | | | **CITY** | | **STATE** | |
| **ZIP** | **HOME PHONE** | | | | **CELLPHONE** | | | | | |
| **SCHOOL(S) ATTENDING (if homeschooled, please note that)** | | | | | | **SCHOOL GRADE FOR FALL** | | | | |
|  | | | | **DOES YOUR SCHOOL PROVIDE THEATER CLASSES?** | | | | | | |

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| **Please list all classes/camps for which you are requesting scholarship assistance below** | | | | |
| **Class Title** | **Class Dates** | | | **Tuition Cost** |
| ***Ex. Theatre Exploration Camp*** | ***August 2-6*** | | | ***$220*** |
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| **Total Tuition Cost:** | | | |  |
| **HOW MUCH CAN YOU AFFORD TO PAY OF THE TUITION (circle one) 15% 30% 45% 75%**  **Total:\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Have you already enrolled in the classes above? (circle one) YES NO** | | | | |
| **PARENT/LEGAL GUARDIAN INFORMATION** | | | | |
| **PARENT/GUARDIAN 1 LAST NAME** | **PARENT/GUARDIAN 1 FIRST NAME** | **M.I.** | **HOME PHONE** | |
| **PLACE OF EMPLOYMENT** | **OCCUPATION** | **WORK PHONE** | **CELLPHONE** | |
| **CHECK ONE: FULL TIME PART TIME UNEMPLOYED**  UNEMPLOY  PART | | |  | |
| **PARENT/GUARDIAN 2 LAST NAME** | **PARENT/GUARDIAN 2 FIRST NAME** | **M.I.** | **MAIN PHONE** | |
| **PLACE OF EMPLOYMENT** | **OCCUPATION** | **WORKPHONE** | **CELLPHONE** | |
| **CHECK ONE: FULL TIME PART TIME UNEMPLOYED**  UNEMPLOY  PART | | |  | |
| **HOW DID YOU HEAR ABOUT PSA? (CHECK ALL THAT APPLY)**  **Current PSA Student Facebook Email Paramount Website Event Walk-in**  **Instagram Flyer Referral Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **FINANCIAL INFORMATION** | | | | |
| **NO. OF FAMILY MEMBERS INCULDING SELF:** | | | | |
| **ACKNOWLEDGMENT** | | | | |
| **I certify that all of the information stated on this application is true and correct. I understand that in order for my application to be considered, I must complete this application in full.**  **Submission of this application does not promise a scholarship award. The amount and term of all awards are made at the sole discretion of Paramount School of the Arts. Any falsifications of information included in this application will result in the immediate termination of any scholarship award. All scholarship awards are made based on availability of funds in the Paramount School of the Arts budget, and may be modified or terminated at any time at Paramount School of the Arts’ discretion.**  **STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **PARENT/GUARDIAN NAME (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **FOR OFFICE USE ONLY** |
| **Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In Person Email Mail**  **Amount Awarded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Notification Sent Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **STATEMENT OF IMPACT** |
| 1. **Tell us why you want to study at Paramount School of the arts. What do you hope to learn? What are your future artistic goals?** |
| 1. **Why are the arts important to you?** |
| 1. **What would it mean to receive a scholarship award?** |
| 1. **List any professional and/or amateur appearances and groups you have performed with** |
| 1. **List any previous performing arts instruction** |

**STUDENT NAME(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DOCUMENTATION** |
| **The following documentation must be included with this application in order to be considered for a scholarship award:**  **\_\_\_\_\_\_Application Form**  **\_\_\_\_\_\_References:** All student must provide a reference from an adult who is not a family member, such as a coach, school  teacher, religious education teacher, or day care provider. Current Paramount School of the Arts Students must  provide a reference from their current PSA teacher.  **Return in person or by mail to:**  Scholarship Program  Paramount School of the Arts  8 E. Galena Blvd., Ste. 230  Aurora, IL 60506  **Or by email to:**  [school@paramountarts.com](mailto:school@paramountarts.com)  Subject: “STUDENT NAME Scholarship App” |