



# PARAMOUNT SCHOOL OF THE ARTS

20 S Stolp Ave, Aurora, IL 60506 \* 630-896-6810\* [school@paramountarts.com](mailto:school@paramountarts.com)

## PSA Scholarship Application

### 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?		

Please list all classes/camps for which you are requesting scholarship assistance below

Class Title	Class Dates	Tuition Cost
<i>Ex. Theatre Exploration Camp</i>	<i>August 2-6</i>	<i>\$220</i>
Total Tuition Cost:		
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.		
IMPORTANT: Please WAIT to register for classes. If a scholarship is granted, the administrative team will enroll the student for you. Scholarships CANNOT be given after enrollment/payments have been made. The scholarship application MUST be submitted prior to the first day of camp/class.		

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: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED			
PARENT/GUARDIAN 2 LAST NAME	PARENT/GUARDIAN 2 FIRST NAME	M.I.	MAIN PHONE
PLACE OF EMPLOYMENT	OCCUPATION	WORKPHONE	CELLPHONE
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED			
HOW DID YOU HEAR ABOUT PSA? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Current PSA Student <input type="checkbox"/> Facebook <input type="checkbox"/> Email <input type="checkbox"/> Paramount Website <input type="checkbox"/> Event <input type="checkbox"/> Walk-in <input type="checkbox"/> Instagram <input type="checkbox"/> Flyer <input type="checkbox"/> Referral <input type="checkbox"/> 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. <u>Submission of this application does not promise a scholarship award.</u> 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. <u>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.</u>			
STUDENT NAME: _____			
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____			
PARENT/GUARDIAN NAME (please print): _____			

FOR OFFICE USE ONLY
Date Received: _____
<input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Mail
Amount Awarded: _____ Date Entered: _____ Award Notification Sent Date: _____

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

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?

2. Why are the arts important to you?

3. What would it mean to receive a scholarship award?

4. List any professional and/or amateur appearances and groups you have performed with:

5. List any previous performing arts instruction:

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

**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"