

20 S Stolp Ave, Aurora, IL 60506 * 630-896-6810* school@paramountarts.com

				T INFORM	•				
LAST NAME					ATION		M.I.	DATE OF BIRTH	
LAST NAME			FIRST	FIRST NAME			IVI.I.	DATE OF BIRTH	
EMAIL			1	RACE/ETHNICITY Gender		Gender Identi	ty	AGE	
				(OPTION	AL)				
STREET ADDRESS						CITY		STATE	
SIKEEI ADDKESS						CITY		SIAIE	
ZIP	HOME PH	IONE			CELLPHON	VE	Į.		
SCHOOL(S) ATTENDING (if homeschooled, please note that					SCHOOL G	GRADE FOR FALL			
				DOES Y	L OUR SCHOO	L PROVIDE THE	ATFR CI	ASSES?	
				1 2 0 2 0 .				1.00101	
Please list all classe	s/camps	<u>.</u>	reque	sting sch	olarship a	ssistance belo	W		
Class Title Class Dates								Tuition Cos	t
Ex. Theatre Exploration Camp August 2-6		August 2-6						\$220	
						Total T	uition C	Cost:	
All scholarship awards	are made h	ased on availability o	f funds i	in the Para	mount Scho	ool of the Arts bu	døet ar	nd may be modified o	or
		amount School of the							, ,
		different class/camp.							
					•				
		gister for classes. If a							
you. Scholarships CAN	NOT be give					e scholarship ap _l	olicatio	n MUST be submitted	d
		prior to	the firs	t day of ca	mp/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: FULL TIME	PART TIME UNEMPLOYED					
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					
	HOW DID YOU HEAR ABOUT PSA? (CHE	CK ALL THAT APPLY)			
Current PSA Student	acebook Email Paramou	nt Website	Event Walk-in			
■ Instagram ■ FI	yer Referral Other: _					
	FINANCIAL INFORMAT	ION				
NO. OF FAMILY MEMBERS INCULE	DING SELF:					
	ACKNOWLEDGMEN	Т				
considered, I must complete this a Submission of this application doe discretion of Paramount School of immediate termination of any sch	ated on this application is true and correct application in full. Is not promise a scholarship award. The a The Arts. Any falsifications of information olarship award. All scholarship awards ar Ty be modified or terminated at any time a	mount and term of n included in this ap e made based on av	all awards are made at the sole plication will result in the vailability of funds in the Paramount			
STUDENT NAME:						
PARENT/GUARDIAN SIGNATURE:DATE:						
PARENT/GUARDIAN NAME (please	e print):					
FOR OFFICE USE ONLY						
Date Received:						
■ In Person ■ Email ■	Mail					
Amount Awarded: Date Entered: Award Notification Sent Date:						

		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:

DOCUMENTATION
The following documentation must be included with this application in order to be considered for a scholarship award:
Analization Form
Application Form
Reference Letter: All student must provide a reference letter attached to their scholarship form from an adult who is not a
family member, such as a coach, schoolteacher, religious education teacher, or day care provider, etc.
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
Subject: "STUDENT NAME Scholarship App"

STUDENT NAME: _____