PARAMOUNT
SCHOOL OF THE ARTS

20 S Stolp Ave, Aurora, IL 60506 * 630-896-6810* 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
Ex. Theatre Exploration Camp	*August 2-6*	*$220*
	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. Once a scholarship award has been given, it cannot be transferred to a different class/camp. Please be sure that you have listed the correct class/camp.

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: ☐ 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? (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 the information stated on this application is true and correct. I understand that 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): _____

FOR OFFICE USE ONLY

Date Received: _____

☐ In Person ☐ Email ☐ 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 _____**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"