



Stages Theatre Company
Attn: Open Door Program
1111 Mainstreet
Hopkins, MN 55343
(952) 979-1112

Class/Workshop Scholarship Application Form

All information given is confidential and will be kept on record at Stages Theatre Company only.

Name of adult (head of household): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Day Phone: _____

Email address: _____

What is the household income (before taxes?):

Per Year \$ _____

Per Month \$ _____

Per Week \$ _____

Number of persons in household? _____

Are you currently receiving any other form of financial assistance? _____

Amount Requesting: \$ _____ toward tuition fee of \$ _____

For (student's name): _____ Age: _____

Title of class/workshop: _____

Held at: _____

Other information or comments:

Please sign below:

I certify that all of the above information is correct and true and that all income is reported.

Signature

Date