

SCHOLARSHIP APPLICATION SCHOOL SERIES SHOWS

Applicants will be notified if they have been awarded tickets to the requested performance.

APPLICANT INFORMATION				
Teacher's First Name		Teacher's Last Name		
Name of School		School County		
School Address				
City	State	Postal Code		
Teacher's Phone	Teacher's Email			
What School Series show	are you requesting tickets for?			
Date and time of perform	ance requesting?			
	need?			
What is the grade level of	students attending?			
Is your school considered	a Title I School?			
Approximately how many	students attending receive Free or F	Reduced Lunch?		
Please attach an essay for this scholarship.	between 300–500 words descr	ibing why you believe your class is the best candidate		
I agree that the informa	tion provided on this application	is true and accurate to the best of my knowledge.		
I understand that falsifie	ed information on this application	will result in not being considered for a scholarship		
from the Arts Education	n Scholarship Fund.			
Teacher Signature		Date		

In order to maintain the scholarship fund for programs like the School Series, many grant organizations request demographic information. Please help us by filling out the chart below regarding your school and your students attending this production. Your assistance allows us to keep the scholarship fund available to students in Central Florida.

POPULATION DEMOGRAPHIC	NUMBER OF STUDENTS IN ENTIRE SCHOOL	NUMBER OF STUDENTS ATTENDING PRODUCTION
Caucasian/White		
African-American/Black		
Asian or Pacific Islander		
Hispanic/Latino		
Native American		
Other/Multiracial		
Physically, Emotionally, or Behaviorally Disabled		

Thank you for your interest.

Applicants will be notified in writing upon acceptance into the program.

Please return all applications either by email or in person to Dana Brazil at the contact information below:

Dr. Phillips Center for the Performing Arts

e. dana.brazil@drphillipscenter.org

ATTN: Dana Brazil

w. drphillipscenter.org

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