



Scholarship Application Form

The mission of the Fargo Moorhead Community Theatre is to provide theatrical and education opportunities to engage and enrich the greater community. In honoring our mission, FMCT and its grantors join to offer scholarships to students who are under-served in the arts by providing them the opportunity to attend performing arts classes with a partial or full scholarship. Through our efforts, students and families who are economically disadvantaged are given the opportunity to apply for a scholarship to attend performing arts programs.

Due to the very limited number of scholarships available, recipients will be awarded aid on an as-needed basis.

To apply for a scholarship, please complete this form and attach a letter with a response to each of the following questions:

1. What are your reasons and need for applying for financial aid?
2. Why is the applicant a good candidate for a scholarship with FMCT?
3. Why is theatre important to the applicant at this stage in their life?
4. If your child is granted a scholarship, would you be willing to volunteer up to 15 hours of your time at FMCT?

Scholarship applications must also be accompanied by a letter of recommendation from a teacher, cleric or other figure of authority that knows the applicant. This letter should address the applicant's need for scholarship as well as the benefits they feel the program will impart on the applicant.

The attached letters and scholarship form MUST BE TURNED IN TWO WEEKS PRIOR to the start date of the program or by the deadline on that program's registration form, whichever comes earlier.

Name of Student: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) - ____ - ____ Age: _____ School: _____ Grade: _____

E-Mail Address: _____

Do you qualify for the Free or Reduced Lunch Program? Yes _____ No _____

I certify that all of the above information is true and correct. I understand that deliberate misrepresentation of information may result in loss of scholarships.

Signature: _____ Date: _____

Print Name: _____ (parent or legal guardian)