

CFTC Summer Drama Camp Scholarships

Need based scholarships are offered for students ages 5-13 for CFTC Summer Drama Camps. CFTC understands the importance of arts education, training, and creative outlets for young people and is committed to providing financial assistance in various forms for all students.

Financial Assistance Awards

CFTC provides financial assistance for students to participate in our Summer Drama Camps. These scholarships are dedicated to cultivating new generations of artists and lifelong audience members. Scholarship is based on a student and family's financial record. Full and partial scholarships are available, as well as financial stipends for aftercare.

How to Apply

Enclosed you will find the Application for Financial Aid and Student Declaration of Interest, which should be completed by you and your child, respectively.

Please return by **June 1, 2018**:

1. Application for Financial Aid
2. Student Declaration of Interest
3. Proof and verification of your annual income (a **2017** tax return, a month of payroll stubs, or a W-2)
4. A supporting letter of reference from your child's arts or academic instructor about your child.

All forms must be completed thoroughly and accurately before the application is considered complete and eligible for evaluation. A family member should not complete the accompanying reference letter. Someone who is familiar with your child and family should write the reference letter. A teacher, fine arts instructor, counselor or minister would make an excellent reference.

Please note: If you are applying for more than one child, you must submit a separate application packet for each child. If necessary, please make extra copies of the application.

All records and financial information provided are confidential and will only be reviewed by our CFTC Board of Directors scholarship committee.

Applications will not be accepted if postmarked after **June 1, 2018**. Scholarship recipients will be notified by phone or email by **June 15, 2018**. You will receive a confirmation email when we have received your complete application.

Contact us via email:	fairfaxcitytheatre@gmail.com
Contact us via mail:	P.O Box 1013, Fairfax, VA 22038-1013

Application for Financial Aid

Please complete the required information in order to assist us in processing your child's 2018 application. All forms and financial information contained within will be reviewed by the CFTC Board of Directors scholarship committee. All forms and information will be kept confidential. Please make sure all parts of the application are complete. Your request will not be processed until we have all the required information, including your child's declaration of interest, a letter of reference, proof of income, and this application form.

Return materials postmarked no later than **June 1, 2108**. Appropriate materials may be received by email: fairfaxcitytheatre@gmail.com or by mail: CFTC, P.O. Box 1013, Fairfax, VA 22038-1013.

APPLICANT INFORMATION

Child First Name:		Child Last Name:	
Home Address:		City/State/Zip	
Child Age:		Gender:	
Child Birth Date:		Child Grade:	
Child School:		Attended CFTC Camp before?	YES NO

PARENT/GUARDIAN INFORMATION

Parent 1 First Name:		Parent 1 Last Name:	
Home Address:		City/State/Zip	
Parent 1 Work Phone:		Parent 1 Cell Phone:	
Parent 1 Email:		Parent 1 Occupation:	
Parent 1 Employer:		Employer's Phone:	

Single Parent Household? ____ YES ____ NO
Which Camp are you interested in: WIZARD OF OZ -or- TRADITIONAL DRAMA CAMP
If Traditional Drama Camp, which session(s):

CONTINUED...

Parent 2 First Name:		Parent 2 Last Name:	
Home Address:		City/State/Zip	
Parent 2 Work Phone:		Parent 2 Cell Phone:	
Parent 2 Email:		Parent 2 Occupation:	
Parent 2 Employer:		Employer's Phone:	

FINANCIAL INFORMATION

Number of adults living in Applicant's household:		Number of Children under 18 living in Applicant's household:	
Total annual wages of all working adults in household (before taxes):		Other income (Child support, public assistance, unemployment, etc):	
Any extraordinary monthly expenses - please explain (additional sheet with explanation may be submitted if needed)			

Please attach a copy of your 2017 tax return, a month of payroll stubs, or a W-2 as proof of income.

Student Declaration of Interest

Name: _____

Age: _____

Ages 5-8	Ages 9-13
<p>Directions: Answer the question using complete sentences in the space below. Then, on a separate sheet of paper, draw a picture of yourself doing that favorite artistic activity!</p> <p>Be creative! Use color, glitter, tissue paper, whatever excites you!</p> <p>Tell us about your favorite artistic activity: Do you enjoy singing, dancing, acting, drawing? What do you like most about it?</p>	<p>Directions: Answer the question using paragraph form in the space below.</p> <p>Why do you think it would be fun to be part of a play, or musical? Do you prefer to be on stage, or backstage? If you have been in one before, what did you enjoy?</p>

All applications must be complete with the above required materials.

Incomplete applications will not be considered.