

Scholarship Application Summer 2019



(Please print or type)

SESSION SELECTION

Which Aurora Camp session do you want to attend? All Camps are from 10:30-4pm

Camp Session	Dates	Costs	Rising Grades	Mark Your 1st-3rd Choices
Musical Camp (Frozen, Jr.)	June 3-21	\$625	3-12	
Disneymania Musical Theatre	June 24- 28	\$300	1-5	
Heroes and Villians- Acting	June 24-28	\$300	3-5	
Shakespearean Takedown- Acting	June 24-28	\$300	6-12	
Mejores Amigos/Best Friends Bilingual Acting Camp	July 8-12	\$300	1-5	
Heroes and Villians Mini Edition- Acting	July 15-19	\$300	K-2	
Children Of Eden Experience- Musical Theatre	July 8-19	\$300	6-12	

STUDENT INFORMATION

Name: _____ Gender: M F

Age: _____ Rising Grade: _____ School: _____

Current Address: _____

Phone: _____ Alt Phone: _____ E-mail: _____

ACTING EXPERIENCE (not required)

You may attach an acting resume if you have one.

Role: _____ Title of Show: _____ Location: _____

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OTHER EXPERIENCE/SPECIAL SKILLS (not required)

List three other skills you have, e.g.: play guitar, sing, juggle, dance, skateboard—it's OK if you don't have three.

1. _____

2. _____

3. _____

SHORT ESSAY

On another sheet of paper, answer the following question:

“What do you hope to learn/gain from your involvement with Aurora Academy?”

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STRENGTHS AND DIFFICULTIES

List three of your biggest strengths—these can apply to anything, whether related to acting or not.

1. _____
2. _____
3. _____

List two things you find difficult.

1. _____
2. _____

PARENT INFORMATION

Parent/Guardian Name: _____

Address (if different from yours): _____

Phone: _____ Alt Phone: _____ E-mail: _____

Employer: _____ Position: _____

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What is your total household income per year (***This is a financial need-based scholarship, so this question must be completed. It will be kept confidential***)? _____

Are you on a Free or Reduced Lunch Program at school (circle one)? No Free Reduced

If you do not receive scholarship assistance, could you still attend the camp? Yes No

If you could pay part of the tuition, how much could you afford? \$ _____

SIGNATURES

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Mail scholarship application and any supporting documentation (including essay) to **Education Dept, Aurora Theatre, P.O. Box 2014, Lawrenceville, GA 30046** or fax to: **678-226-6240** or email to **education@auroratheatre.com**
More Info: www.auroratheatre.com (click on "Education")