



"Forever Joy" Children's Summer Theatre Workshop Scholarship Application



CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____

DAYTIME PHONE #: _____ CELL #: _____

PARENT/GUARDIAN EMAIL ADDRESS _____

****Child must be between 8 & 14 years of age and scholarship will be awarded to students in need of financial assistance****

Summer Workshop held: July 1st – July 30th, 2024
Shows: Wednesday, Thursday & Friday July 31st. August 1st, and 2nd at 7:00 p.m.

Please also attach the following information:

1. Academic Record: A copy of the student transcript, academic record, or report card.
2. Student Essay: In 250 words or less, explain why you would like to learn about musical theatre and what the performing arts mean to you.
3. Past Performing Arts experience: Include all performances and dates.
4. Training: Include any performing arts schools or classes that you may have attended, along with the teacher's names.
5. Written Recommendations: Must be provided by one Performing Arts teacher AND one Classroom teacher.
6. Parents: Please provide a brief summation of why your child would need financial assistance.

**MAIL ALL INFORMATION TO:
 FOREVER JOY SCHOLARSHIP COMMITTEE
 c/o MYSTIC VISION PLAYERS
 P.O. BOX 2138
 LINDEN, NJ 07036**

APPLICATION MUST BE POSTMARKED BY: May 10, 2024

*Full and Partial Scholarships may be awarded.
 Scholarship recipients will be notified by letter no later than May 31, 2024*

CONTINUE THE VISION

