EVERYMAN THEATRE
SUMMER CAMP SCHOLARSHIP APPLICATION

Student Information:
If applying for scholarship assistance for more than one child, please complete this cover sheet for each student and attached to your full packet.

Name:__________________________________________________________ School:______________________________________________________

Gender:_________ Age:_________ Grade (Fall 2020):__________________________

I am applying for Scholarship Assistance for the following:

FULL-WEEK, FULL-DAY Youth Camps
9am-4pm

Grade K-2 Drama Journeys
__June 24-28- Magical Fantasies
__July 1-3- Time Traveling Theatrics
__July 8-12- Global Excursions
__July 15-19- Road Trippin’ Tales

Grade 3-5 Playmaking Adventure
__June 24-28-Spaghetti Western
__July 1-3- Creation Stories
__July 8-12- Mythology
__July 22-26- Swashbuckling Stories

TWO WEEK- FULL-DAY YOUTH CAMP
9am-4pm

Grade 6-8 Performance Inspirations
__July 15-26- Performance Inspiration

VINCENT M. LANCISI
Founding Artistic Director

JONATHAN K. WALLER
Managing Director

315 W. Fayette St.
Baltimore, MD 21201
410.752.2208
everymancamp@everymanchamber.org

Susan W. Flanigan, President
W. Bryan Rakes, Vice President
Vic Romita, Vice President
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Vincent M. Lancisi
Johnnie L. Lewis
John McLean
Neil Meltzer
Dr. Stanley Miller
Peter Nachtwey

Susan L. Nehra
Betsy Nelson
E. Lee Robbins, M.D.
James Ryan
Kelly Keenan Trumpbour
Lawrence J. Yumkas
TEEN PERFORMANCE SUMMER STUDIO (EVENING CLASSES)
6:30-8:30pm

- June 24-26, July 1-3  Monday-Wednesday  College Audition Prep Sampler
- July 8- July 17  Monday & Wednesdays  Acting A Song
- July 9-July 18  Tuesday & Thursday  Story Through Movement
- July 22-August 1  Monday & Wednesdays  Text Analysis
- July 23-August 2  Tuesday & Thursday  Character Creation

PARENT/GUARDIAN INFORMATION
Name: ________________________________________________________________

Relationship: _________________________________________________________

Email: _______________________________________________________________

Address: _____________________________________________________________

______________________________________________________________

Home Phone: _________________________  Cell Phone: ______________________

Work Phone: ___________________________  Work Zip: ______________________

SCHOLARSHIP ASSISTANCE INFORMATION
I have received scholarship assistance from Everyman Theatre previously_____
This is my first time applying for scholarship assistance from Everyman Theatre_______
Current Employment Status:

- I am currently employed full-time
- I am currently employed part-time
- I am not currently employed

If not currently employed, share with us any reasons why:

Indicate your annual household income:

- Under $20,000
- $20,000-$30,000
- $30,000-$40,000
- $40,000-$50,000
- above $50,000

Total members of household:_______  
Total number of dependents in your household:_______  

We are unable to provide financial assistance that covers the full cost of programming. What are you able to contribute? $___________________________

Further Documentation:

**Participant Testimonial:** Attach a brief statement from the participant (if 12 year or older) sharing why they would like to attend an Everyman Theatre Summer Camp. What do they hope to gain from this experience?

**Parent/Guardian Testimonial:** Include a brief explanation of why you see the value in your student's participation in an Everyman Theatre Summer Camp. 
If applicable, provide documentation that your family is receiving one of the following services:

- TCA- Temporary Cash Assistance  
- Food Stamps  
- Medical Assistance  
- Care for Kids  
- Supplemental Security Income  
- TEMHA- Transitional Emergency Medical and Housing Assistance  
- Reside in a Shelter

We are open to receiving any addition information you would like provide that will assist Everyman Theatre in evaluation your application.
Please Read and Sign:

The information I have provided is current and accurate. I understand that scholarships are awarded based on need as evaluated by Everyman Theatre. Everyman Theatre aims to provide scholarship support to as many applicants as possible within the limited resources available.

I understand not all sessions may be available at the time of application or awarding for financial assistance.

I understand that the information on this application will be kept confidential and will be reviewed only to determine eligibility for aid. Everyman Theatre reserves the right to utilize the content from this application for use in fundraising withstanding names and key identify information.

Everyman Theatre Scholarship Policies:

- Scholarship are not redeemable for cash.
- Scholarships are non-refundable and non-transferable.
- Scholarships are not applicable to Creative Childcare or Secure Early Drop-Off/Pick-Up.
- Incomplete applications will not be processed.
- All materials included with the application become the property of Everyman Theatre and cannot be returned.
- Determination of financial needs is at the sole description of Everyman Theatre.
- Receipt of completed application will be confirmed via email.
- Applications will be awarded on a rolling basis.

Parent/Guardian Signature: _____________________________ Date: _____

Return completed application to Everyman Theatre Education as soon as possible. Our goal is to award scholarship assistance no later than June 15, 2019.

Mail to: 315 W. Fayette St. Baltimore MD 21201
Email to: Education@EverymanTheatre.org
Subject Line: Summer Camp Scholarship Application- STUDENT NAME

Questions?
Contact Everyman Education at 443-615-7055 ext. 7142 or email Education@EverymanTheatre.org