

application 2010

Kentucky Classical Theatre Conservatory Financial aid

Limited financial aid is available for KCTC. Awards are based on both financial need and merit. If you would like to be considered for financial assistance, please enclose the information below with your program application. All information will remain confidential.

Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Age: ____ Grade: ____ SS#: _____

School You Attend: _____

Please provide a teacher reference from your school:
(We will e-mail or call teachers for references.)

Name of Teacher: _____

Subject Taught: _____ E-Mail: _____

School Phone Number: _____

We offer partial scholarships of \$300 or full scholarships of \$600.
For which type of scholarship are you applying? (circle)

\$300 Full Scholarship

Please attach to this form a paragraph stating your financial need and why you feel you should be considered for this scholarship. If you are on a Free or Reduced Lunch Program with your school, please list that information for us.

If you have questions, call 859-806-7429.

Mail Information to: **KCTC 412 Rose Street Lexington, KY 40506-0433**

