



The Human Race Theatre Company
Scholarship for Students ages 6–18



Application Form

Class Title: _____ Date: _____

Part I: (to be completed by parent/guardian)

Student Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-mail: _____

Part II: (to be completed by parent/guardian)

Please state the reasons why you believe your son/daughter should receive a scholarship at this time:

Part III: (to be completed by a teacher or counselor at school)

Teacher's Name/School: _____

Subject Taught: _____

Phone Number: _____

Please state the reasons why you believe this student will benefit from receiving a scholarship to take this theatre class:

Please return the completed form to:
The Human Race Theatre Company, 126 N. Main Street, Suite 300, Dayton, Ohio 45402

This scholarship form must be accompanied by the registration form and deposit for the program of your choice. When all of your forms and payment have been received, your scholarship request will be reviewed and you will be contacted so that you will know if your partial scholarship has been granted. Thank you for your cooperation.