



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