## **Creative Theatre Experience**

120 State Ave NE, Olympia, WA 98501

www.ctekids.org

## **Scholarship Application**

## Please submit to info@ctekids.org

Creative Theatre Experience has a limited number of scholarships available to students. Please complete this form and submit it with your registration.

Also include documentation granting free or reduced lunches and/or any other relevant information. You will be notified by email if a scholarship has been awarded.

Name of Student(s):			Age(s):
Address:			
City:	State:	Zip:	
Phone Number: ( )			
Email:			
Has your child previously been in CTE?	Yes	No	
If yes, list years:			
Does your child qualify for the free or reduced lunch program at school? Yes No			
Total tuition for all children for whom scholar	rships are requested	i:	\$
Amount you can pay toward tuition		9	\$
Total amount of scholarship requested			\$
Special circumstances for us to consider (use additional page or back of form, as needed):			
I attest that the above information is true. I understand that I am required to pay my portion of tuition no later than one month prior to start date of program.			
Signed		 Dat	 e