



## **Magic Moments, Inc. Special Needs Theater Arts Scholarship 2012**

### **Guidelines:**

Magic Moments cast member with Special Needs

1 year/season of experience with Magic Moments

Desire to obtain further growth in Theater & Performing Arts through lessons or instruction

Recipient chosen by Magic Moments Scholarship Committee

Application must be completed and submitted by deadline: **Friday, May 4, 2012**

## **SCHOLARSHIP APPLICATION**

### **SECTION A: Cast Member's Information**

Applicant's Name:

Address:

City:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Age:

If applicable:

Grade:

School:

Parents' Names (if applicable):

Home Phone:

Work Phone:

Cell Phone:

Email Address:

**SECTION B: Objective or Goal:**

1. Reason for applying for Theater Arts Scholarship; how would these funds assist you?

2. What do you hope to accomplish? What are your goals?

3. What are your special areas of interest in theater or performing arts?

4. Do you have an instructor/coach/teacher in mind for lessons?

Instructor's/coach's Name:

Business Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

Hourly rate:

5. Any additional information you wish to share?

**SECTION C: Amount Requested:**

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**SECTION D: Transportation:**

Do you need assistance with transportation to or from lessons?

If so, please describe:

Please complete form by **May 4, 2012** and email to:

Kathy Hayes at [coangel1@me.com](mailto:coangel1@me.com) or

Ruth Newell at [rfnewell@msn.com](mailto:rfnewell@msn.com)

Or mail application to:

Magic Moments, Inc

P.O. Box 97

Littleton, CO 80160-0097

Email questions to:

Ruth Newell [rfnewell@msn.com](mailto:rfnewell@msn.com) or Kathy Hayes [coangel1@me.com](mailto:coangel1@me.com)