



**Mooreville Community Children's Theatre
PROGRAM SCHOLARSHIP
PARTICIPANT REQUEST FORM**

Please complete and mail:
Attention of Program Scholarship
Mooreville Community Children's Theatre
Post Office Box 4292
Mooreville, NC 28117
704.360.1726

Program Name: _____

Participant Information (Please Print Neatly)

Full Name: _____ **Date of Birth:** _____ **Age:** _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

Primary Phone: _____ **May we leave a voicemail message?** _____

Emergency Contact: _____ **Phone:** _____

Allergies/Medications/Other Medical Information: _____

Please Circle One: Male Female

Parent/Legal Guardian Information (Please Print Neatly)

Full Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

Primary Phone: _____ **May we leave a voicemail message?** _____

Secondary Phone: _____ **May we leave a voicemail message?** _____



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Participant's Full Name: _____

Type of Financial Assistance Received: (Please X each that apply, if any)

FNS/EBT: ___ Medicaid/CHIPS: ___ WFFA: ___ SSI: ___ Section 8: ___ SNAP: ___ WIC: ___

Proof of Financial Assistance: (*Staff please photocopy only non-sensitive documents*) **STAFF INITIALS:** _____

Comments:

I certify that all information in this application is true and accurate. I understand that if any part is found to be untrue, I will be disqualified from the application process.

Parent/Guardian Signature: _____

STAFF ONLY COMPLETE THIS SECTION

APPROVED: _____ **NOT APPROVED:** _____ **BOARD INITIALS:** _____

Participant Notified: _____ **BOARD INITIALS:** _____

Comments

Method of Payment: _____