



SAN
DIEGO
MUSICAL
THEATRE



SDMT
ACADEMY

Scholarship Application Form

Name of applicant _____

Birth date of applicant _____ Current Age _____

Home address _____

City _____ Zip _____

Home phone _____ Cell phone _____

Email Address _____

Check Academy program you are applying for (check one only):

Classes ____ Rising Stars ____ Pre-professional ____ Summer Camp ____

Has applicant participated in any musical theatre classes/productions in the past? Yes ____ No ____

If yes, please list _____

Has applicant ever received a financial scholarship before? Yes ____ No ____

If yes, please list _____

Amount of financial assistance requested: \$ _____

Mother/Guardian's Name: _____

Home address _____

City _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

Father/Guardian's Name: _____

Home address _____

City _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

All information will be kept confidential between San Diego Musical Theatre the applicant and parents.