



Southeast Alabama Community Theatre Scholarship Application Form

Please attach the Federal Free/Reduced Lunch form, if applicable.
Mail completed form to SEACT, 909 South St. Andrews Street, Dothan AL 36301.
Youth programming space is limited, and filled on a first-come basis.

Which youth program are you submitting an application for:

After School Class: (name of class) _____

Summer Camp: (Location and week of camp) _____

Competition Event: (name of event) _____

Registration Show Fee: (name of show) _____

SECTION A: CONTACT INFORMATION

Name of Student: _____ AGE: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Number of people living in your home: _____

Mom/StepMom's Name: _____

Mom/StepMom's Workplace: _____

Mom/StepMom's Phone Numbers: cell- _____ work- _____

Dad/StepDad's Name: _____

Dad/StepDad's Workplace: _____

Dad/StepDad's Phone Numbers: cell- _____ work- _____

Parent's EMAIL address: _____

SECTION B: MEDICAL INFORMATION:

Does your child take any form of medication daily or on a regular basis? ___Yes ___ No

If yes, please tell us about it:

Name of Medicine: _____ Dosage amount: _____ how often
taken: _____ What is it for? _____

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Please mark any medicines that we will be required to give your child while they are participating with SEACT.

SECTION C: SCHOOL INFORMATION

School your student is/will be attending: _____

School Grade your student is/will be in: _____

Does your child receive any special academic services in school such as an IEP or is enrolled in a special services class for a learning disability, handicap, or other service? _____

Tell us about this special need: _____

Tell us WHY you **NEED** this scholarship: _____

Is there an amount that you could pay toward this programming if asked? _____

I verify that all the information that I have documented on this application is true and correct to the best of my knowledge and that IF ASKED, I CAN PROVIDE DOCUMENTATION ON THE BILLS I PAY AND THE CHECKS I RECEIVE.

Signed: _____ Date: _____

Please Print your name: _____

Thank you for submitting this application. Your submitted information is confidential.