



BRT Scholarship/Financial Aid Application

At Black Rock Theater, we believe that the arts should be accessible to everyone, regardless of financial circumstances. To support this vision, we offer financial aid to eligible families on a case-by-case basis. This aid can help cover the full or partial cost of class or show tuition, though it does not extend to private lessons. By offering financial assistance, we strive to ensure that every aspiring artist has the opportunity to participate in our programs.

To apply for aid, please submit your forms to natalie@blackrocktheater.org by the audition deadlines for performance fees and at least one week before the start of classes for tuition assistance. We are committed to fostering a creative community where all individuals can explore their artistic potential.

Status: New___ Returning___
Student's Name: _____ M___ F___
Home Phone: (____) _____
City:_____ State: _____ Zip:_____ Date of Birth: ____/____/____
Entering Grade: _____
School: _____

Parent 1 /Guardian Name: _____
Phone: (____) _____
Address: _____
City:_____ State: _____ Zip:_____
Occupation: _____
Employer: _____
Work Phone: (____) _____
Status: Married___ Divorced___ Single___ Widowed___

Parent 2 /Guardian Name: _____
Phone: (____) _____
Address: _____
City:_____ State: _____ Zip:_____
Occupation: _____
Employer: _____
Work Phone: (____) _____
Status: Married___ Divorced___ Single___ Widowed___



Personal Statement:

Please share few words about why you would like to be considered for a scholarship:

Financial and Other Information:

Please rest assured that all financial information provided will be held in strict confidence and used solely for the purpose of determining financial aid eligibility.

of persons living in household: _____

Immediate past year adjusted gross income on Federal Income Tax return:

\$ _____

Significant circumstances or recent changes to household income:

Applicant(s) Statement:

The undersigned certify that the information furnished herein and in any attached documents in connection with this application for financial aid is true, correct, and complete to the best of our knowledge. We understand the information will be held in strict confidence.

Guardian Name

Guardian Signature

Date