



Scholarship Application Form

- We are able to offer partial scholarships (no more than 50% of total cost).
- If applying for aid for more than one student per family, please submit one application per student. We cannot accept multiple students on the same application.
- Students who have never received aid before are considered before those who have been awarded in the past.
- A space will be held for the student in their desired class upon receipt of the financial aid application.
- Once this application is submitted, you will receive email confirmation from the First City Players within 72 hours.
- **Financial Aid is not guaranteed by this application.** You will be notified of acceptance two weeks before the beginning of classes

Name of Student: _____

Age: _____ Grade for 2018-2019 School Year: _____

Name of Parent(s): _____

Mailing Address: _____

Home Phone: _____ Parent Cell: _____ Work: _____

Student Cell (if applicable): _____ Parent Email: _____

First City Players
335 Main Street
Ketchikan, AK 99901



907-225-4792
info@firstcityplayers.org



To the student (this section is mandatory):

The student questions are to be answered by the student. If your student is not of writing age, then answers must be dictated to a parent/guardian who must write the answers for him or her; however, it must be the student's own words. Please be thorough as incomplete applications will not be considered for funding.

FIRST-TIME STUDENTS

What do you hope to learn at ArtsCool?

What other activities are you involved in?

RETURNING STUDENTS

What have you learned in other classes at First City Players?

Why do you want to return to FCP?

What other activities/employment are you involved in at this time:



To the parents:

Why is it important that your child take classes at First City Players?

Is your family eligible for the Free and Reduced Lunch Program? ___Y ___N

As a potential financial aid recipient, you must meet the following expectations. This will ensure that you will be set up for success in class and that First City Players makes the best use out of its limited financial resources. In the case that the student is a minor, the parent/guardian must agree to the expectations as well.

1. You will attend all classes for which you are registered. If you are unable to attend a session, you must call the office at 225-4792 prior to class starting to let us know of the absence.
2. You will be on time for all classes, dressed appropriately and bring all materials needed for class.
3. You will practice and prepare for each session according to the requirements of class.
4. You will meet established deadlines for tuition bills not covered by scholarship.

Failure to meet the above expectations may result in the loss of aid and/or suspension of participation.

By submitting this form, you certify that you have provided current, accurate, and truthful information. You understand that if financial aid is awarded, you will be responsible for paying any tuition balance and applicable fees by the indicated deadlines.

I/We are applying for a scholarship. I/We can contribute the following amount toward the tuition: \$ _____

Signature of parent(s): _____

Please return this form to the First City Players' office by mail or in person, 335 Main Street, Ketchikan, AK 99901; or email to info@firstcityplayers.org. Call 225-4792 if you have any questions.