

Theatre Experience: _____

Please complete the following questions:

1. Do you rent or own your own home? _____
2. We are rarely able to provide %100 of the tuition. Taking all circumstances into account, in your judgment, what dollar amount are you able to pay towards the tuition for this class, workshop, or program?
\$ _____

Please list below the dates and programs that you are interested in receiving financial aid for:

To the student: On a separate sheet of paper write a short (one page or less) essay regarding your future goals in theatre and how taking a class at CTG will aid in your attaining these goals.

I (we) verify that the above information is true and correct and I (we) acknowledge that it will be used only to determine eligibility for financial aid at the Community Theatre of Greensboro.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit this form by using one of the following delivery methods. Thank you.

Mail:
Community Theatre of Greensboro (CTG)
200 North Davie Street, Box #9
Greensboro, NC 27401

Fax:
(336) 333-2607

eMail:
RFulton@ctgso.org

