

# WESTON Drama WORKSHOP

## APPLICATION FOR SCHOLARSHIP

Please complete one application for each participant requesting a scholarship. Payment of the non-refundable \$100 registration fee is required even if you are applying for scholarship assistance. Completion of this scholarship application does not guarantee an award. If needed to further assess participant financial need Applicants may be asked to provide additional financial documentation. Scholarships will be awarded on an as-needed basis based on available funds. **Please submit applications no later than May 9<sup>th</sup>, 2025.** You will receive notice of our decision within three weeks of the deadline.

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Which program(s) have you registered for? \_\_\_\_\_

Number of years in Workshop: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Circle: Full Time / Part Time      Dates of Employment: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Circle: Full Time / Part Time    Dates of Employment: \_\_\_\_\_

Besides WDW, please explain other financial circumstances that will make it particularly difficult for you to meet this tuition expense:

Amount of scholarship you are requesting: \_\_\_\_\_

Would a payment plan in installments be beneficial? \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications to the following address by the deadline outlined on the front:

Treasurer  
Weston Drama Workshop  
P.O. Box 441  
Weston, MA 02493