



TRYPS Children's Theater

Theater Reaching Young People & Schools

Temp Address: c/o 4809 Chilton Court, Columbia MO 65203

trypskids@gmail.com • www.trypskids.com

No phone is available at this time.

PARTIAL SCHOLARSHIP APPLICATION

1. Download this form to your computer.
2. Please fill out this form completely. www.trypskids.com/scholarship
3. Please email it to TRYPS with the **Personal Information Form**.
4. Please share the Recommendation Form with a teacher, counselor, or other community member to submit directly to TRYPS.
www.trypskids.com/recommendation
5. To assist TRYPS with budget and staffing, we require all applications prior to enrollment or auditions.
6. Partial Scholarships do not apply to one-day workshops: PJ Play Days.
7. The TRYPS staff will apply your information to a scholarship rubric to determine the scholarship amount we can provide.
8. The staff will contact you directly regarding payment.
9. Payment plans are available to assist families with tuition.

Date: _____

Student Name: _____

Preferred Pronouns: _____ He, His, Him _____ She, Hers, Her _____ They, Theirs, Them

T-shirt Size: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ A2XL

Current Grade Level: _____

Name of School: _____

Parent/Guardian Names: _____

Parent/Guardian Employer: _____

Mobile Phone: _____

Office Phone: _____

Preferred Email: _____

Additional Email: _____

Home Address: _____

City/State/Zip: _____

Partial Scholarship Application is toward the following program(s).

Click all that apply.

- ☐ Parents & Peanuts (ages 1-3 with parent attending)
- ☐ Creative Drama (ages 4-5)
- ☐ Mini Play (grades K-7)
- ☐ Encore Production (audition required / grades 3-8)
- ☐ Teen Acting (Improv, Audition Techniques, or Other)
- ☐ Spring Break Camp (Grades K-7, unless otherwise noted)
- ☐ Summer Camp (Grades K-7, unless otherwise noted)
- ☐ Mainstage Production (audition requires / grades 3-12)
- ☐ Dance & Vocal Studio (section appropriate for grades K-12)

PARTIAL SCHOLARSHIP APPLICATION CONSIDERATIONS

This is sensitive information shared with the office staff only to determine the level of financial aid a student will receive. Application information remains confidential.

Current Marital Status: ___ Single ___ Separated ___ Divorced ___ Widowed

Current Employment Status: ___ Disability ___ Unemployed ___ Furloughed ___ Employed ___ Part Time ___ Full Time

Name of Employer: _____

Number of Dependent Children in the Household: ___ 1 ___ 2 ___ 3 ___ 4 More _____

Ages of Dependent Children (please list): _____

YES ___ NO ___ Do any of the children in the immediate household have special needs?
If yes, can you share the circumstances or economic impact?

What is the household monthly income? _____

(Monthly household income includes: personal income, partner/spouse income, alimony, child support, unemployment, SS/Pension, Disability, family assistance, etc.)

What is the household monthly expense total? _____

\$ _____ Housing/rent

\$ _____ Credit cards

\$ _____ Car payment

\$ _____ Student loans

\$ _____ Child support/Alimony

\$ _____ Utilities/Cable/Cell phone

\$ _____ Bank loans

\$ _____ Medicine/Medical bills

\$ _____ Groceries, gas, and personal

\$ _____ Insurance (house, medical, car, other)

YES ___ NO ___ There has been a significant change in household income.
If so, can you share the circumstances and economic impact:

YES___ NO___ Are you, a spouse/partner, or child experiencing a significant illness in the immediate household?
If yes, can you share the circumstances or economic impact?

YES___ NO___ Does your family qualify for WIC, Food Stamps, SNAP, or any other government assistance program?

YES___ NO___ Does your child qualify for Free/Reduced Lunch?

YES___ NO___ My child has attended a TRYPS class, workshop, camp or been cast in an Encore or Mainstage production in the past 12 months.

If so, when and what program(s):

YES___ NO___ I have applied to Day Dreams Foundation for scholarship assistance.

<http://www.daydreamsfoundation.org/day-dreams-kids/requirements-eligibility/>

Is there any other special consideration or circumstance you would like the TRYPS staff to consider when making the partial scholarship decision? If so, please explain:

YES___ I agree that I will contact the TRYPS office immediately should any changes occur in my application and need status.

I affirm that all information provided is correct and complete.

Parent Signature / Online printed name provides confirmation.

Date: _____

Thank you for sharing this sensitive information with us.

The TRYPS office staff will contact you directly about the partial scholarship percentage we can apply to your child's participation in the TRYPS classes, camps, and other programs.