



Friends of Willow Glen Children's Theatre P.O Box 4045 San Jose, CA 95150 friends@wgct.org

### THE GAVIN COFFING SCHOLARSHIP APPLICATION

**Directions:** Complete a separate form for each request/participant. Email completed form(s) to friends@wgct.org.

**Program**

- Summer Camp
- Workshop

**Year**

- 2026
- 2027
- 2028
- 2029

**Session**

- Fall
- Winter
- Summer

**Select one of the following three options**

- My family falls within the income guidelines to qualify for a Friends of WGCT general scholarship. We are requesting the following level of assistance:**
  - 25% general scholarship (participant pays 75% of cost)
  - 50% general scholarship (participant pays 50% of cost)
  - 75% general scholarship (participant pays 25% of cost)
  - 100% general scholarship (no cost to participant)
  
- My family does not fall within the income guidelines to qualify for a Friends of WGCT scholarship but we have a financial need due to hardship. We are requesting the following level of assistance:**
  - 25% general scholarship (participant pays 75% of cost)
  - 50% general scholarship (participant pays 50% of cost)
  - 75% general scholarship (participant pays 25% of cost)
  - 100% general scholarship (no cost to participant)

**Reason for assistance:** \_\_\_\_\_

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- I have more than one child in my household participating in the program and have a financial need for a sibling discount:**
  - 25% sibling scholarship (participant pays 75% of cost of 2<sup>nd</sup>, 3<sup>rd</sup>, etc. registered children)

**Paid Sibling's Name:** \_\_\_\_\_



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### Requestor Information

Parent/Guardian Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Birthdate of Participant: \_\_\_\_\_ Male/Female/Nonbinary: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

Number of People in Household: \_\_\_\_\_ Annual Household Income: \_\_\_\_\_

Has this participant used the \$100 scholarship available through the City of San Jose?

- Yes
- No

Is this participant eligible to participate in the City of San Jose's Scholarship program?

- Yes
- No

By signing below, I attest that all information provided above is true.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Scholarships will be awarded based on financial need, order of receipt, and availability. Friends of WGCT will try to meet all scholarship requests. If we are unable to award a scholarship, we will keep your name on file and notify you when we will be able to financially support your participation in the program.*