



P.O. Box 4045 San Jose, CA 95150
email: friends@wgct.org www.wgct.org

SCHOLARSHIP APPLICATION

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

Program: _____ Summer Camp _____ Workshop

Session: _____ Fall _____ Winter _____ Summer

Year: _____ 2021 _____ 2022 _____ 2023 _____ 2024

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: _____

_____ 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 2nd, 3rd, etc. registered child)

Paid Sibling's Name: _____

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

Requestor Information

Parent/Guardian Name: _____

Participant Name: _____

Birthdate of Participant: _____ Male/Female: _____ Male _____

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?
(Y/N) _____

Is this participant eligible to participate in the City of San Jose's Scholarship program? (Y/
N) _____

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 participant in the program.