

# Corinth Theatre Guild, Inc.

## Summer Theatre Workshop

*Official Use Only:*

Date Received: \_\_\_\_\_

By Whom (initial): \_\_\_\_\_

Call Date: \_\_\_\_\_

Amt. Given: \_\_\_\_\_

### Scholarship Application

**Due by May 15**

**CONFIDENTIAL**

*Partial or full Scholarships are available.*

*Please indicate your need below and return to CTG, 6 Fourth Street, Corinth NY 12822.*

*All monies will be distributed fairly.*

*Scholarship amounts are determined by the number of requests received.*

Actor's Name \_\_\_\_\_ Actor's Age \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Best times to call \_\_\_\_\_

Brief explanation of need:

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