



PO Box 72, Duvall, WA 98014
www.cascadecommunitytheatre.org

SCHOLARSHIP APPLICATION

Cascade Community Theatre (CCT) provides scholarship opportunities to children who may, because of financial restrictions, be unable to take advantage of CCT's educational programs otherwise available to them.

Student's Name _____ **Grade** _____

Parent/Legal Guardian _____

Home Address _____

E-mail Address _____ **Phone** _____

Please give a brief explanation outlining your financial need for this scholarship.

Please tell us why this program is important to you. _____

Are you willing and able to be an active volunteer for CCT's Youth Program? _____

Parent Signature _____

Date _____