



Trillium School for Performing Arts Scholarship Application

115 N. Court St, Lewisburg, WV 24901

www.TrilliumPerformingArts.org

Email: trilliumbizwv@gmail.com

(304) 645-3003

All information is confidential.

Partial scholarships are available only for youth enrolled in year-long dance classes.

Student Name(s) and Age(s): _____

Parent/Guardian Name: _____ Relationship: _____

Email (preferred) or best phone number to call: _____

Total of **all** family members enrolling with the Trillium School for Performing Arts? _____

Which class(es) do the students plan to attend? _____

Financial Information:

Estimated Annual Household TOTAL Income: _____ Number of Persons in household: _____

Please explain any other special circumstances for consideration of a scholarship: (you may continue on back)

The cost of each 8-week session is \$80 * except Teen 2/3: \$96 * TPY: \$162

What amount are you requesting in partial scholarship per 8 week session? _____

Signature: _____ Date: _____

RETURN THIS TO THE TRILLIUM OFFICE BY MONDAY, AUGUST 22, 2011.

Students will be notified by **September 2** about scholarship status.

Please note that our funds are very limited. To help us find more funding for scholarships, please write a letter telling how you think your child (ren) will benefit from our classes. If your child is able to write, have her/him write a short letter stating how they benefit from attending the Trillium School for Performing Arts.

THIS SECTION IS FOR OFFICE USE ONLY

Amount Awarded \$ _____

Date Awarded: _____

Amount Requested \$ _____

Notification Date: _____