

NOORDA THEATRE SUMMER CAMP 2024 TUITION SCHOLARSHIP REQUEST FORM

Please return to tyecenter@uvu.edu by May 20, 2024

Scholarships will cover a portion of one class (may cover entire cost), per child.
Scholarships will not exceed \$195 per child.

Parent/Guardian Information:

Parent First Name _____ Parent Last Name _____
Address _____
City, State, Zip _____ Household size _____
Home Phone _____ Alternate Phone _____
Email _____

Child's Name	Child's Birthdate	Classes Desired

Household Income _____ Employment Status _____
Occupation(s) _____ Employer(s) _____
Occupation(s) _____ Employer(s) _____

I certify that the above information is true.

Signature:
(Signature of Parent or Guardian)

For Office Use Only

Scholarship Amount: