

NOORDA THEATRE SUMMER CAMP TUITION SCHOLARSHIP REQUEST FORM

Please return to tyecenter@uvu.edu within 5 business days of class start date.

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)
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I certify that the above information is true.

Signature:
(Signature of Parent or Guardian)

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For Office Use Only	
Scholarship Amount:	