

## Improv Playhouse 116 W. Lake Street, Libertyville, IL 60048

PH: 847.968.4529 FX: 847.968.4530 info@improvplayhouse.com

## Summer Scholarship Application (Please fill in all applicable fields)

Applicant's Name:		/ Middle	/	
	First	Middle		Last
MaleFemale	Date of Birth: _		Grade in s	chool:
Email:				
Mailing Address:				
City:			State:	Zip Code:
Home Phone: (	_)	C	ell Phone: (	)
Name of Parent(s)/Gu	ardian(s) with wh	nom the appl	icant lives:	
Parent phone: ()			Work or Cell F	Phone: ()
Major Area(s) of Intere	est:			
Experience:				
Please indicate number	er of years in trai	ning next to	each category	:
Dance Improvi	sationTh	eatre	Musical Thea	itre Voice
Others – please list				
List any performances performed with:	in which you ha	ve participate	ed, along with	the name of the company you
•	•		nt studios, arts	programs or other arts
involvement) Use back	c of sheet if nece	essary.		

Is the Student Attending any other art Programs this Season? Yes or No (please circle one)

If Yes, then What program is your child attending?

What is the cost of that Program?\_\_\_\_\_

Are you receiving a scholarship for that program?\_\_\_\_\_

How did you hear about the Improv Playhouse?\_\_\_\_\_

Have you attended Improv Playhouse programs before?\_\_\_\_\_When?\_\_\_\_\_

Have you already registered for your iP program of choice? \_\_\_\_Yes \_\_\_\_No

If not, which program are you interested in attending?

- (1) Libertyville: (Circle all that Apply) Musical Theater Improv & Theatre Film Fashion
- (2) Highland Park: (Circle all that Apply) Musical Theater Improv & Theatre Film
- (3) Other: Please List \_\_\_\_\_

## ESSAY REQUIRED

Please write a brief essay (no more than 200 words, or one double-spaced typed sheet) explaining why you are seeking and why you feel you deserve an IP program scholarship.

Signature of Applicant	Date	

Signature of Applicant's Parent/Guardian

**SUBMISSION:** Return this form and essay to the Improv Playhouse office <u>two weeks before the</u> <u>start of the program that you are applying to attend at Improv Playhouse</u>. Mail, fax, or email the application. Contact info listed below.

**NOTE:** Applications must be **in the office** by this deadline. If you are mailing the application, please allow enough time for it to be delivered on time. You may drop off the application during regular business hours, or fax to the number given below. Or scan and email it to Info@improvplayhouse.com with "Scholarship Applicant" in the subject line.

## If you have questions please call the office.

IMPROV PLAYHOUSE Office: 116 W. Lake, Libertyville, Illinois 60048 PH 847.968.4529 • FX 847.968.4530

Date