



Oceanside Theatre Company

Youth Academy Scholarship Application

Oceanside Theatre Company is committed to making arts education accessible to all families. Scholarship funding is made possible through the generous support of community donors and grant partners. We are grateful to provide tuition assistance to families who need it.

Oceanside Theatre Company awards scholarships without regard to race, color, religion, gender, gender identity, sexual orientation, national origin, disability, or any other protected status.

Scholarships are awarded based on financial need and available funds. Awards may be full or partial.

Parent / Guardian Information

Parent/Guardian Name(s): _____

Email: _____

Phone: _____

City & Zip Code: _____

Student Information

Please complete for each student applying.

Student 1

Name: _____

Age: _____

Program/Camp: _____

Tuition: \$ _____

Student 2 (if applicable)

Name: _____

Age: _____

Program/Camp: _____

Tuition: \$ _____

Student 3 (if applicable)

Name: _____

Age: _____

Program/Camp: _____

Tuition: \$ _____

Household Information

Total number of people in household: _____ Total number of dependents: _____

Please select your approximate annual household income:

Under \$40,000

\$80,000–\$100,000

\$40,000–\$60,000

Over \$100,000

\$60,000–\$80,000

Is your student eligible for free or reduced-price school meals?

Yes

No

Not applicable

Scholarship Request

Total scholarship amount requested: \$ _____

Amount family is able to contribute toward tuition (if any): \$ _____

Are you requesting:

Full scholarship

Partial scholarship

Scholarship awards are determined per student and are subject to available funding.

Program Impact

Why would this program be meaningful for your student(s)? (You may answer briefly.)

Additional Information (Optional)

Please share any information you would like us to consider when reviewing this request (financial hardship, multiple children enrolled, medical expenses, recent job loss, etc.).

Agreement

By signing below, I confirm that:

- The information provided is accurate to the best of my knowledge.
- I understand that scholarships are limited and based on available funds.
- Submission of this application does not guarantee a scholarship award.
- If awarded, I agree to follow program policies and attendance expectations.

All information provided will be kept confidential and used solely for scholarship review purposes.

Parent/Guardian Signature: _____ Date: _____