

Harmony Studios Scholarship Form

Student/Cast Member Information

First Name: _____ Last Name: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____

How many people are dependent on your monthly income?: _____

Any special circumstances as to why this is requested [that you don't mind sharing]?: _____

This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by HARMONY STUDIOS Financial Assistance Committee Members. All applications will be reviewed on a first come/first basis. There are limited funds for financial assistance, so submit your application early as that increases your chances of being awarded. Thank you for choosing Harmony Studios.

Parental/Guardian Legal Name Date