

**Hawaii Children's Theatre
Summer Stars 2009
PO BOX 66-2295
Lihue, HI 96766**

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 E-mail: hawaiichildrenstheatre@hotmail.com

Program applying for _____ Student Name _____

The contents of this document are confidential. The application is considered by the Scholarship Committee and HCT Summer Coordinator and must be filled out in full to be considered, including the attachment of the most recent year's IRS return. Scholarship funds are limited and awards are made for partial tuition based on the *need* of the student and the availability of scholarship funds. You are notified of the Committee's Awards by phone within one work week of receipt of your program deposit, and the required documentation. Apply early, funds go quickly.

(All information must be filled out accurately and in full. A copy of the most recent IRS return for this family must be attached to this form, along with a \$150 deposit, and registration forms to the HCT office before any consideration can be given toward awarding scholarship funds.)

Name _____ DOB _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ School _____ Email _____

Adult Responsible _____ Relation _____

Employer _____ Office Phone _____ Cell/Pager _____

Adult Responsible _____ Relation _____

Employer _____ Office Phone _____ Cell/Pager _____

Dependents living at the same address:

Name	Age	Name	Age

Total yearly income to support the above listed family: \$ _____ *(A copy of the most recent IRS return must be attached for verification.)*

Average yearly income from other sources (e.g., child support, alimony, ADC, etc.): \$ _____

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