

5. Dates of program _____

6. List any activities or clubs in which the student is involved _____

7. Provide information regarding previous performing arts participation--if applicable.

8. On a separate single page, state briefly the reasons for needing this scholarship, including the expected benefits from attending the performing arts program.

Signature of Applicant (if applicable) _____ **Date** _____

If a minor, signature of parent/ legal guardian _____

Parent/Guardian(s) address _____

Parent/Guardian(s) phone (day) _____ (evening) _____
Street City State Zip

Parent/Guardian(s) Email _____

Forward the application, student/parent statement and teacher recommendation to:

Special Education Foundation
10176 Corporate Square Drive
Suite 100
St. Louis, MO 63132
(314) 567-8100, Diane Buhr