



14 School Street, Brunswick, ME 04011
207-729-8584
www.theaterproject.com
thetheaterproject@mac.com

Vitelli Scholarship Application

Applicant's Name: _____

Address: _____

Parent/Guardian's Name: _____

Parent Guardian Phone #1: _____

#2: _____

Class Name: _____

Date Class Begins: _____

Class Fee: _____

How much will the family be able to contribute to the class fee? _____
(The Theater Project can fund up to 50% of a class)

In your own words (written or dictated) please tell us why you want to take this class:

This application is due before the start of the class session
for which funds are being requested. **Late applications cannot be accepted.**

Applicant's Signature: _____

Parent/Guardian's Signature: _____

Date: _____