

## 2018 DRAMA CAMP SCHOLARSHIP APPLICATION - Due date April 30, 2018

APPLICATION DATE:	CAMP SESSION	CAMP SESSION		
I'M APPLYING FOR THE FOLLOWING	SCHOLARSHIP (check one)			
<ul><li>Mark West Scholarship</li><li>El Cerrito Rotary Scholarship</li><li>Partial Scholarship</li></ul>	)			
STUDENT INFORMATION				
Student Name				
Student Age Grade (in	fall) Gender	School		
PARENT/GUARDIAN INFORMATION	ı			
Parent Name				
Cell phone	Home phone	Work phone		
Email				
Best time to reach you	_ Has your family previously receive	d a scholarship from CCCT? Yes No		
If yes, when, what program, and what	at amount?			
Annual household income \$	Family size			
Why is your child interested in atten	ding this program?			

Please return this form to: Live at CCCT, 951 Pomona Ave, El Cerrito, CA 94530 or email to ccct@ccct.org



## **Drama Camp Scholarship Teacher Recommendation Form**

Student Name	_	Date:		
A student in your class is applying for Live at CCC Contra Costa Civic Theatre, a community theatre about the student. How often does the student.	e in El Cerrit 			
	Rarely	Someumes	rrequeility	
1) Demonstrate teamwork in class activities?	0	0	0	
2) Express a sense of humor in age-appropriate ways (jokes, puns, etc.)?	: ()	0	0	
3) Focus on activities for extended periods of time without becoming bored?	0	0	0	
4) Enjoy the challenge of new or complex activities?	0	0	0	
5) Continue to work on a task and does not give up when it becomes difficult?	0	0	0	
6) Demonstrate flexibility and adapt to new situations?	0	0	0	
7) Follow directions quickly, without negotiation?	0	0	0	
8) Maintain a positive outlook?	$\bigcirc$	0	$\bigcirc$	
9) Resolve conflicts independently?	$\bigcirc$	0	0	
Please write a brief statement explaining why yo	ou think the	student would benef	fit from our program.	
Signature	School			
Your Name (please print)	Phone			
Position	Email			
Date		Is there additional information that can be better conveyed in a phone conversation? Yes/No		