

Teacher Recommendation

Student Information

Student Name	Date
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A student in your class is applying for a scholarship to attend one of Contra Costa Civic Theatre's arts education programs. Please complete the form to tell us more about the student.

How often does the student:	Rarely	Sometimes	Frequently
Demonstrate teamwork in class activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Express a sense of humor in age-appropriate ways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on activities for extended periods of time without getting bored?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoy the challenge of new or complex activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to work on a task, not giving up with it becomes difficult?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate flexibility and adapt to new situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow directions quickly, without negotiation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a positive outlook?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resolve conflicts independently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide a brief statement explaining why you think the student would benefit from participating in our program.

Educator information

Name (please print)	School
Phone	Position
Email	Best time to reach you
Is there additional information that can better be conveyed in a phone call?	Yes No

Signature

Date

Please mail this completed application to: CCCT Scholarships, 951 Pomona Ave, El Cerrito, CA 94530 or email to ccct@ccct.org. Thank you!

Scholarship application

Student Information

Student Name	Date of Birth		
Student Pronouns	Does the student have friends attending the program?		
Grade in School	School		
Which session is the student applying for? (circle one)	Musical Builders Advanced Acting	Musical Kids Screenwriting	Musical Jrs. Drama Camp/A Camp

Parent/Guardian Information

Parent 1

Name	Relationship to student
Cell phone	Home phone
Email	Best time to reach you

Parent 2

Name	Relationship to student
Cell phone	Home phone
Email	Best time to reach you

Statement of need

Monthly family income (gross)	Has your family previously received a scholarship from CCCT?
Please explain the reason for the need	

Student statement

Why are you interested in participating in this program?
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Signature of Parent/Guardian

Date