



ALT Academy Scholarship Application- Fall 2024

DUE FRIDAY, AUGUST 9th

(Please Print or Type)

1. Student Name _____ Age _____
2. Parent or Guardian _____
3. Physical/Mailing Address _____
4. City, State, Zip Code _____
5. Home Phone _____ Cell Phone _____
6. Parent/Guardian Phone _____
7. Best email to reach you _____
8. Current School _____ School Telephone _____
School Address _____
City, State, Zip Code _____
9. Please list ALT Academy class(es) you are applying for below:

10. What method of transportation will be used to and from class?
(Please note who will drive you.)
11. Application Essay - Minimum of 100 words – Please explain reasons for seeking scholarship as well as reasons the ALT Academy Scholarship Committee should consider this application. Include special financial needs or problems. The Application Essay should be written from the student who would be attending ALT. Parents can also submit an additional essay.

Scholarship applications should be turned into the ALT Box Office or emailed to harrison@amarillolittletheatre.org. **ALL** scholarship decisions will be sent to the email on this form by Sunday, August 11th.