



"Forever Joy" Children's Summer Theatre Workshop Scholarship Application



CHILD'S NAME _____

ADDRESS _____

CITY: _____ ST. _____ ZIP _____

HOME PHONE #: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____

SALARIES MOTHER \$ FATHER \$ GUARDIAN \$ _____

TOTAL NUMBER OF DEPENDENTS IN FAMILY _____

DAYTIME PHONE #: CELL _____ HOME _____

PARENT/GUARDIAN EMAIL ADDRESS _____

****Child must be between 8 & 14 years of age and scholarship will be awarded to students in need of financial assistance****

Summer Workshop held: June 30th – Aug. 1st, 2025

Shows: Wednesday, Thursday & Friday July 30th, July 31st, and Aug. 1st at 7:00 p.m.

Please also attach the following information: Please be sure to include all asked for.....

1. Academic Record: A copy of the student transcript, academic record, or report card.
2. Student Essay: In 250 words or less, explain why you would like to learn about musical theatre and what the performing arts mean to you.
3. Past Performing Arts experience: Include all performances and dates.
4. Training: Include any performing arts schools or classes that you may have attended, along with the teacher's names.
5. Written Recommendations: Must be provided by one Performing Arts teacher AND one Classroom teacher.
6. **Parents: Please provide a brief summation of why your child would need financial assistance. MISSING INFORMATION IS CAUSE FOR DISQUALIFICATION**

**MAIL ALL INFORMATION TO:
MVP FOREVER JOY SCHOLARSHIP COMMITTEE
c/o Vita Greco
1672 Westfield Avenue
Clark, NJ 07066**

APPLICATION MUST BE POSTMARKED BY: May 10, 2025

*Full and Partial Scholarships may be awarded.
Scholarship recipients will be notified by letter no later than May 31, 2025*

CONTINUE THE VISION