

comedysportz

2008 Summer Theatre Improv Camp Application for Scholarship

Please fill out the following information and submit to the ComedySportz office:

ComedySportz Indianapolis
721 Massachusetts Ave.
Indianapolis, IN 46204
Or Fax: 317-803-2157

Name of Student: _____

Age: _____ Grade: _____ (Fall 2008) School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Please have the student's drama teacher (or other appropriate school representative) fill out the following before submitting.

To the Teacher:

Please note that only one scholarship is allowed per school, so if you are sending multiple worthy scholarship applications, only the first received will be applied.

Teacher's Name: _____

Major Subject Taught: _____

Is the above named student a student in good standing at the school, and a student who you believe would benefit from the ComedySportz Summer Improv Camp?

Yes _____ No _____

Teacher's Signature: _____ Date: _____