



**PARAMOUNT**  
SCHOOL OF THE ARTS

8- East Galena Blvd. Ste. 230 Aurora, IL 60506 \*630-896-6810\* [school@paramountarts.com](mailto:school@paramountarts.com)

PSA Scholarship Application

STUDENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
EMAIL	RACE/ETHNICITY (OPTIONAL)	Gender Identity	AGE
STREET ADDRESS		CITY	STATE
ZIP	HOME PHONE	CELLPHONE	
SCHOOL(S) ATTENDING (if homeschooled, please note that)		SCHOOL GRADE FOR FALL	
DOES YOUR SCHOOL PROVIDE THEATER CLASSES?			

Please list all classes/camps for which you are requesting scholarship assistance below		
Class Title	Class Dates	Tuition Cost
<i>Ex. Theatre Exploration Camp</i>	<i>August 2-6</i>	<i>\$220</i>
		Total Tuition Cost:
HOW MUCH CAN YOU AFFORD TO PAY OF THE TUITION (check one)    15%    30%    45%    75%		
		Total: _____
Have you already enrolled in the classes above? (check one)    YES    NO		

**PARENT/LEGAL GUARDIAN INFORMATION**

PARENT/GUARDIAN 1 LAST NAME	PARENT/GUARDIAN 1 FIRST NAME	M.I.	HOME PHONE
PLACE OF EMPLOYMENT	OCCUPATION	WORK PHONE	CELLPHONE

CHECK ONE:      FULL TIME      PART TIME      UNEMPLOYED

PARENT/GUARDIAN 2 LAST NAME	PARENT/GUARDIAN 2 FIRST NAME	M.I.	MAIN PHONE
-----------------------------	------------------------------	------	------------

PLACE OF EMPLOYMENT	OCCUPATION	WORKPHONE	CELLPHONE
---------------------	------------	-----------	-----------

CHECK ONE:      FULL TIME      PART TIME      UNEMPLOYED

**HOW DID YOU HEAR ABOUT PSA? (CHECK ALL THAT APPLY)**

Current PSA Student     
  Facebook     
  Email     
  Paramount Website     
  Event     
  Walk-in  
 Instagram     
  Flyer     
  Referral     
 Other: \_\_\_\_\_

**FINANCIAL INFORMATION**

NO. OF FAMILY MEMBERS INCLUDING SELF: \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that all of the information stated on this application is true and correct. I understand that in order for my application to be considered, I must complete this application in full.

Submission of this application does not promise a scholarship award. The amount and term of all awards are made at the sole discretion of Paramount School of the Arts. Any falsifications of information included in this application will result in the immediate termination of any scholarship award. All scholarship awards are made based on availability of funds in the Paramount School of the Arts budget, and may be modified or terminated at any time at Paramount School of the Arts' discretion.

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

In Person      Email      Mail

Amount Awarded: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Award Notification Sent Date: \_\_\_\_\_

STATEMENT OF IMPACT

Tell us why you want to study at Paramount School of the arts. What do you hope to learn? What are your future artistic goals?

Why are the arts important to you?

What would it mean to receive a scholarship award?

List any professional and/or amateur appearances and groups you have performed with

List any previous performing arts instruction

## DOCUMENTATION

The following documentation must be included with this application in order to be considered for a scholarship award:

\_\_\_\_\_ Application Form

\_\_\_\_\_ **References:** All students must provide a reference from an adult who is not a family member, such as a coach, school teacher, religious education teacher, or day care provider. Current Paramount School of the Arts Students must provide a reference from their current PSA teacher.

**Return in person or by mail to:**

Scholarship Program  
Paramount School of the Arts  
8 E. Galena Blvd., Ste. 230  
Aurora, IL 60506

**Or by email to:**

[school@paramountarts.com](mailto:school@paramountarts.com)

Subject: "STUDENT NAME Scholarship App"