



**Sunny D Children's Theater**  
**2024 Summer Camp Scholarship**  
**Form**

*Registration form must accompany this application  
or have been previously submitted*

*Parent's/Guardian's Name* \_\_\_\_\_ *Date* \_\_\_\_\_, 2024  
*Phone* \_\_\_\_\_ *Email* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Child(ren)'s Name(s):* \_\_\_\_\_ *Age(s)* \_\_\_\_\_

*List income for all members in your household, employer names and phone numbers.*  
*All information is kept strictly confidential*

**Primary Income Provider**

*Name* \_\_\_\_\_ *Monthly Income* \_\_\_\_\_  
*Employer* \_\_\_\_\_ *Phone* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_

**Secondary Income Provider (if applicable) If more than 2 individuals, please use back of form.**

*Name* \_\_\_\_\_ *Monthly Income* \_\_\_\_\_  
*Employer* \_\_\_\_\_ *Phone* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_

*Total monthly household income BEFORE deductions* \$ \_\_\_\_\_  
*Number of people supported on your total household income?* \_\_\_\_\_  
*Can you afford to pay a partial amount* \_\_\_\_\_ YES \$ \_\_\_\_\_ NO \_\_\_\_\_

*I certify this information is true and complete and written in my own handwriting unless otherwise specified. I authorize Blue Ridge Community Theater, Inc. to verify this information. Falsifying information could result in the rejection of present and future scholarship applications.*

*I also understand that should this Scholarship Application be approved, it is a scholarship that cannot be given to another child.*

*Print name of parent or guardian:*

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*Signature*

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*Date*

*Scholarship forms can be uploaded to our camp network site, emailed, mailed or left in person at the Blue Ridge Community Theater.*

*Debbi Hamm  
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