



Muskogee Little Theatre



J. E. M. S.

June Edmondson Memorial Scholarship

All Information is Confidential

- **Please complete all information requested. Incomplete applications will not be considered**
- The number of scholarships available is limited; application acceptance depends upon board review and availability of funds.

Student Name _____

Age _____ Grade _____ Sex _____

Address _____

City & Zip _____

Parent/Guardian 1 _____

Home Phone: _____ Work Phone _____

Cell Phone _____ E-Mail _____

Parent/Guardian 2 _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Parents Occupations _____

Employed By _____

Annual Gross Income:

- Under \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 over \$80,000

Number of Adults in Household _____ Number of children in household _____

Please state the amount you are able to pay? _____

Please be aware that MLT requires payment of 50% of tuition at enrollment. Applicants may apply for scholarship assistance for the remainder of tuition.

Please add a note on the back of the application, regarding the positive impact this educational opportunity would have on your child; any special circumstances that have created a need for scholarship assistance; or anything that you would like our scholarship committee to take into consideration as they review your application.).

Application is considered incomplete if any part of application is omitted or left blank

Signature _____ Date _____

(Parent/Guardian if under 18)

FOR M.L.T. USE ONLY:

SCHOLARSHIP REQUEST: APPROVED

DENIED

SCHOLARSHIP AWARD AMOUNT: \$ _____

APPROVED BY: _____

DATE: _____