

BroadwayVentures Scholarship Assistance Application

All information must be completed or the application will be returned, unprocessed. **Please complete the entire application** and return to BroadwayVentures, PO Box 972, Wilder, VT 05088 or emailed to brycen.nardone@gmail.com

BroadwayVentures Scholarship Assistance Policy

Eligibility and Guidelines

- 1. Participants are eligible for one (1) scholarship per season. Scholarships are available for all students, regardless of Hartford residency.
- All scholarship requests must be submitted at least 7 days prior to the close of registration. Registration closes at 8:30am on the first day of the BroadwayVentures summer season. Scholarship requests received after registration closes cannot be processed.
- 3. Submittal of the Scholarship Application **does not guarantee** award of scholarship financial assistance or a reserved space in the program.
- 4. Applications will be evaluated for eligibility. Notification by email correspondence to the applicant will be made once the evaluation process has been completed.
- All scholarship recipients must comply with all Hartford Parks & Recreation and BroadwayVentures program participation rules and policies or risk losing scholarship assitance.
- If for any reason participants cancels out of the program, participants' scholarship will be forfeited.



| Participants Name: | |
|---|--|
| Age: Grade: | |
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| Parent/Guardian #1 Name: | |
| Parent/Guardian #2 Name: | |
| Parent/Guardian #1 Employer Name/Phone #: | |
| Parent/Guardian #2 Employer Name/Phone #: | |
| Parent/Guardian #1 Physical Address: | |
| Parent/Guardian #2 Physical Address: | |
| Parent/Guardian #1 Mailing Address: | |
| Parent/Guardian #2 Mailing Address: | |
| Parent/Guardian #1 Home/Cell Phone: | |
| Parent/Guardian #2 Home/Cell Phone: | |
| Parent/Guardian #1 Email Address: | |
| Parent/Guardian #2 Email Address: | |
| Briefly describe your need for this scholarship: | |
| | |
| | |
| By signing this application, you are verifying th | nat the information presented here is true and |
| factual to the best of your knowledge. This sign processed and for scholarships to be awarded if | |
| X | X |
| X Signature of Parent or Guardian | Date |