



# WEATHERVANE'S WINDSOCK THEATRE CAMP

## Financial Aid Scholarship Application

Application Deadline is June 30, 2010. Completed application and attachments should be submitted with camp enrollment form to:  
Camp Scholarship Committee c/o Wendy Joseffy, 26 Evergreen Drive, Whitefield, NH 03598  
Questions: 603-837-9873 evenings

Please Print/Type

### A. General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

**B. On a separate sheet of paper, please tell us why you would like to attend the Windsock Theatre Camp. Include any past theatrical experience if any,**

**C. Please attach a letter of recommendation from a non-family member, such as a teacher or guidance counselor.**

### D. Family Information

Father/Guardian:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Employer Position

Mother/Guardian:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Employer Position

Parents' Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

With which parent do you reside? Father & Mother \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_

Please list all family members living at home and ages:

**E. Financial Questionnaire**

**Parental Income for 2009:**

1. US Income Tax figures are from (check one): Completed tax return \$ \_\_\_\_\_  
Estimated return \$ \_\_\_\_\_
2. Total number of exemptions claimed: \_\_\_\_\_
3. 2009 W-2 income earned by: Father \$ \_\_\_\_\_  
Mother \$ \_\_\_\_\_  
Guardian \$ \_\_\_\_\_
3. Total US income tax paid from 2009 Fed.Tax Return: \$ \_\_\_\_\_
5. Adjusted Gross Family Income from 2009 Fed.Tax Return \$ \_\_\_\_\_

Explain any unusual circumstances concerning the family financial situation (use separate sheet if needed):

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**F. Certification**

The individuals signing below certify that the information on this application is correct and true to the best of their knowledge and agree that any misrepresentation will void any scholarship that may be awarded based on information provided.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Scholarship funds are being made available by the Sally Hough Foundation  
Your replies are confidential. The decisions of the Application Committee are final.  
Reminder: applications due by June 30th***