

## CSU Musical Theatre Summer Intensive

### Scholarship Application 2026

Participant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade of Student (FA26): \_\_\_\_\_ School: \_\_\_\_\_

#### INTENSIVE SCHEDULE:

##### Daily:

- Week of July 27: 4-9 p.m.
- Week of August 3:10 a.m. – 3 p.m.

**Final Performance:** August 7: 4-5:30 p.m., FREE of charge to attend the performance

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**Assistance programs you are currently enrolled in** (ie. SNAP, CHIP, Medicaid, etc.):

**Reason for Requesting a Scholarship:** Please write a paragraph explaining the request for a scholarship (ie. Financial need, excellence/merit of student work, or any other relevant information will be considered). Additional documents are appreciated but not required. All information is kept strictly confidential.