



SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION

The purpose of the Summer Stars Scholarship Assistance Program is to provide financial support to young people who would not otherwise have the resources to participate. Recommendations for scholarships are made by a committee that consists of the Administrative Staff for Summer Stars and members selected from the RBTL Education Committee. The committee bases its recommendations on the qualifications and criteria as presented in the application. Students must demonstrate financial need.

Camper First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Email Address** _____

School _____ **Present Grade** _____

Birth Date _____ **Age** _____ **New Camper** _____ **Returning Camper** _____

Parent(s) or Guardian(s) Name(s) _____

(List above each parent(s) or guardian(s) who is fiscally responsible for the camper)

Please list all dependents below, starting with the applicant:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Please use a separate sheet of paper for your responses to the questions below:

A. Why do you feel your child needs a scholarship? Make sure to include all explanations or circumstances you would like the committee to consider when reviewing your child's application.

B. Please describe your camper's interest and experience in the arts, include school programs, private lessons or classes, performance, etc.

C. How will your camper benefit from the Summer Stars Experience? What do you hope they will learn at camp?

D. Please include any additional explanations or circumstances you would like the committee to consider when reviewing your camper's application.

Mail completed application and attachments by April 27, 2012 to:

Bob Sagan, RBTL Summer Stars Director

885 E. Main Street - Rochester, NY 14605 - bob@rbtl.org - 585-325-7760 ext.3231