The Actors Conservatory
AT ARTISTS REP

Office Use Only:
Financial Aid Received:
Pell: _____ /Semester Other: _____ _____ /Semester
Loans: _____ /Semester

Date Application Received: _____ Approved/Amount: _____
Denied:

Administrator Signature: _____

Conservatory Scholarship Application

All answers will remain confidential and reviewed by the scholarship committee only

A limited number of need and/or merit-based scholarships are awarded to qualified applicants. Please complete this application and return to the Registrar no later than March 31. To be considered the student must first complete his/her FAFSA. An additional interview with the scholarship committee or supplemental information may be required.

Student Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H)_____ (W)_____ (C)_____

Email: _____

Student Financial Information:

Total household income (from previous year's tax return)	
Housing Expense per month (rent/mortgage)	
Total other debt (car loans, medical, student loans, etc.)	

If applicant is claimed as a dependent or if someone other than applicant will be responsible for tuition payments please provide the following information:

Responsible party: _____ Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H)_____ (W)_____ (C)_____

Email: _____

Total household income (from previous year's tax return)	
Housing Expense per month (rent/mortgage)	
Total other debt (car loans, medical, student loans, etc.)	

On a separate paper please answer the following:

1. Please describe your desire, passion and commitment to the acting process.
2. Please tell us anything else about yourself, your artistic accomplishments and ambitions that you feel should be considered by the scholarship committee.
3. Please tell us about any other special circumstances affecting your ability to pay the full amount of tuition for this program.

I affirm that all the above information is complete and accurate to the best of my knowledge.

Signature: Date: