



<i>Office Use Only:</i>	
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 at [erin@pac.edu](mailto:erin@pac.edu). An additional interview with the scholarship committee or supplemental information may be required.

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

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

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Student Financial Information:

Total household income	
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/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Total household income	
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: