Heart of America Shakespeare Festival
Education Programs Scholarship Application

General Information:

Student's Name: _____
Parent/Guardian: _____
Address: _____
City/State/Zip: _____
Day Phone: _____
Evening Phone: _____
Email address:_____

Student Information:

School: _____
Age: _____ Grade: _____ M/F _____

Attended Festival education program offering before?_____
Does the student receive free or reduced price lunches?_____

Reference Information: (teacher recommendation letter required)

Name and Occupation: _____
Address: _____
City/State/Zip: _____
Phone: _____

Statement of Financial Need By Applicant: (to be completed by parent or guardian, here or attached)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Class/Program Requested: _____

Fund request: (amount) _____

Fund granted: (to be completed by Festival) _____

Please complete and return to:
Heart of America Shakespeare Festival
Attn: Matt Rapport, Education Director
3732 Main Street
Kansas City, MO 64111

Or email the application to our Education Director at mrapport@kcshakes.org.

Questions? Reach the Festival office at (816) 531-7728 or email mrapport@kcshakes.org.