



2024 Scholarship Application

Please complete all information below and submit to programs@actorstrainingcenter.com

Student Name: _____ Today's Date: _____

Address: _____

Email Address: _____ Phone: _____

Class/Program interested in receiving a scholarship toward:

Note: If under 18 please fill out the following for parent/guardian(s).

Occupation(s): _____

Employer(s): _____

Gross Annual Income: \$ _____ Number of dependents in Household _____

SUBMIT THIS FORM WITH THE FOLLOWING:

- ★ Your previous year's W-9 or W-2. Parents/guardians may include a personal statement to clarify anything on their financial documentation that may need clarifying.
- ★ A personal statement from the student using one of the following prompts:
 - **Returning ATC student:** please tell us how training with ATC has impacted your life and a time in which a skill or lesson you learned here has served you outside of the classroom.
 - **New ATC student:** please tell us about your journey as an artist and what you hope to achieve through training at the Actors Training Center.
- ★ A letter of recommendation from a teacher, mentor, or other non-family member.

Actors Training Center

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www.actorstrainingcenter.org