

Quincy Music Theatre
Summer Camp Scholarship Application

Student Name: _____

Student Age: _____ Student Grade: _____

Has your child participated in a QMT activity before? _____

If yes, camp or YAS? _____

What scholarship amount are you requesting? _____

Tier 1 - \$100

Tier 2 - \$200

Tier 3 - \$300

What do you hope your child to gain from a performing arts experience at Quincy Music Theatre?

Is there a special circumstance you would like us to consider as we make scholarship decisions?

Do you have multiple children attending camp? _____ If yes, how many? _____

Email completed form to Theresa@quincymusictheatre.com or mail to Quincy Music Theatre
118 E Washington Street, Quincy, FL 32351.

*If you have not yet, please fill out and submit a camp registration to reserve a spot for your child.
QMT will contact you with amount of scholarship available. Thank you!*