**Class: Beginning Acting **

September 9 – October 7, 2019

Financial Aid Criteria AND Scholarship Application Instructions

Stages Bloomington provides music, dance and theatre arts experiences for young people in grades

1-12. Stages gives youth in Bloomington and surrounding communities the opportunity to learn and

participate while building self-esteem and self-confidence. In the spirit of this mission, Stages

Bloomington is pleased to be able to offer financial aid in the form of scholarships.

Scholarships may be granted to those families who demonstrate a strong financial need, and who

would be otherwise unable to participate in our classes and/or productions. We base our eligibility

criteria on the income guidelines established by the Healthy Indiana Program for Monroe County.

Financial aid is disbursed on a sliding scale. Scholarships are not guaranteed and are based both on

the Financial Aid Application Form and the availability of scholarship funds. Eligible families generally

receive scholarships covering between 20%-50% of tuition, pending the availability of Scholarship

Funds. All families should expect to pay a minimum of 20% of tuition costs. Budget limitations

determine the number of scholarships Stages Bloomington is able to award each session. Because of

these limitations, Stages may not be able to grant financial aid to everyone who qualifies.

Families applying for financial aid must include a deposit of 20% per student at the time of

application. This deposit will be refunded if you are unable to accept the financial aid award because

the amount is insufficient.

All scholarship materials must be received before a financial aid determination can be made.

Your application will be treated confidentially and will be reviewed only by the Scholarship Committee.

We will do our best to notify you of our financial aid decision by the date indicated in your scholarship

application/registration packet. Unless prior arrangements are made with Stages Bloomington, the

balance of the tuition, if any, must be paid in full prior to the start of class.

Please Note

If you have any questions about the application, please email director@stagesbloomington.com

We believe in the opportunities that Stages offers. As we grow, we are working to develop a

scholarship fund. Your interest in participating in our programs and the time you will spend on the

scholarship application are appreciated. Scholarship applications are submitted by mail.

Packets include a registration form and scholarship application designed specifically for your class.

Scholarship application packet **must be postmarked BY August 26, 2019**

First Step: See scholarship application instructions on next page for notifying Stages of your intent to

submit an application. This will secure your child a temporary place in the class registration list.

**Class: Beginning Acting**

September 9 – October 7, 2019

Scholarship Application Instructions

**STEP 1**. Immediately email director@stagesbloomington.com to notify Stages that you are applying

for a scholarship. Provide your child’s name, grade, and your contact information (name, phone

number(s), and email) Classes fill quickly. This will secure your child a temporary place in the class

registration list.

**STEP 2.** Download this packet. Complete registration and application forms.

*This is a mail-in process. Allow plenty of time to meet the deadline.*

A. Read the attached mail-in class registration and scholarship application

(*These materials provide additional details and information.)*

B. Fill out and sign the attached Mail-In Class Registration forms for BEGINNING ACTING

(Fill out a separate registration form for each participant)

C. Fill out and sign the attached Scholarship application form

D. Attach required financial documents

(Your application will be treated confidentially and will be reviewed only by the Scholarship Committee).

E. Enclose your deposit check. Amount: $30 for each participant (20% of the $150 registration fee)

**STEP 3**. MAIL the *entire* packet & your check to Stages. (Remember to keep a copy for yourself.)

MAIL TO:

Stages Bloomington

PO Box 5036

Bloomington, IN 47407

**Packet must be postmarked no later than August 26, 2019.**

**Decisions will be made by August 31, 2019.**

**Final payment will be due by September 5, 2019.**

If you have any questions, please email **director@stagesbloomington.com**

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SCHOLARSHIP Mail-in REGISTRATION FORM

**Beginning Acting**

**For Grades 1-3**

For our youngest participants, come learn the craft of acting – beginning with imagination, improvisation, and stage direction.

**Tuition $150**

Registration refund available until September 1, 2019.

$20 charge for returned checks.

20% of tuition due with Scholarship Application

**Submit this amount: $30** Check Number\_\_\_\_\_\_\_\_\_ (Make Checks Payable to Stages Bloomington)

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_M \_\_F \_\_Other

T-Shirt Size:Youth Small/ Youth Medium/ Youth Large/ Adult Small/ Adult Medium/ Adult Large

Has your child participated in a Stages program before? Y / N

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**if different than above**)

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies/medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this class? (Circle all that apply) Email, Flyer, Stages website, Facebook,

Newspaper, Friend, Teacher, Parent, 4th St. Festival, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list others authorized to pick up participant from class: Name / Cell Phone # / Relationship

(use back if needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** Stages Bloomington NEW Classrooms & Rehearsal Studio at Artisan Alley, 222 W. 2nd Street, Bloomington.

**All communications will come to you via. info@stagesbloomington.com** Add us to your contact list. Watch your inbox! And please email us at this address with questions and comments about registration, classes, or Stages in general.

**Participants will need:** Water bottle. Comfortable clothes and shoes. Backpack or tote to carry personal items. A great attitude and lots of energy to learn and have fun!

**COMPLETE your APPLICATION.**

**Deadline**: **Scholarship Packet** must be **postmarked by August 26, 2019**

**Submit:** "Completed Class Registration form”. "Signed Release form”. "Signed Code of Conduct form. " Payment" Completed Scholarship form. " Financial Documents

Keep a copy for your files

**MAIL to:** Stages Bloomington. P.O. Box 5036 Bloomington, IN 47407

**DEADLINE: POSTMARKED by August 26, 2019** Register Early. Space is limited.

**Stages Bloomington**

**Release Form**

**Photo/Audio/Videotape Release:**

I understand that audio recordings, photos, and/or videotapes may bepublished of the participants of Stages Bloomington Productions/Classes/Camps, including my child. I hereby give my permission to Stages Bloomington to use my child’s picture or image for any marketing or promotional purpose that benefits Stages Bloomington (including but not limited to television, all printed materials, internet, and social media). Photos and videos are the property of Stages Bloomington and its agents. I further agree that all such audio recordings, photos, images, or videotapes shall be the exclusive property of Stages Bloomington. I release and give to Stages Bloomington all rights of ownership and all rights to copy, and publish, and use such audio recordings, photos, and videotapes. I acknowledge and agree that Stages Bloomington may use any of the aforementioned materials for educational and promotional purposes, including but not limited to publication in brochures and other promotional materials and on the Stages Bloomington website.

**Medical Treatment Authorization:** In case of an emergency, I authorize Stages Bloomington to

take my child to the nearest medical facility and further authorize that facility and any of its staff or any

licensed physician to perform any medical treatment (such as admission to emergency department or

hospital, surgery, administration of medication, general treatment) upon my child. I/we agree to be fully

responsible for all costs of such treatment.

**Assumption of Risk and Release from Liability:**

In consideration of Stages Bloomington’s services rendered, and services to be rendered in organizing and

managing the “Production/Classes/Camp” and in consideration of the Child’s participation in the

Production/Classes/Camp, Child and Parent, acting for the Child, hereby:

1. State that they understand that certain risks are inherent in participation and that they fully accept

those risks. These risks may include, but are not limited to, such things as incidents and accidents

related to productions, adverse weather conditions, and other physical, mental, and emotional injury.

2. State that they understand that some of the assistants with the Production/Classes/Camp are parents

or students who may not be agents or employees of Stages Bloomington.

3. State that they fully understand the above risks and the scope of the activities involved in the Program

and agree to assume the risks of the Child’s participation in the Production /Classes/Camps, including

the risk of catastrophic injury or death.

4. Release and fully discharge Stages Bloomington from all liability in connection with the Child’s

participation in the Production/Classes/Camp, for or on account of any injury to or illness of the person

or death, or for account of any loss or damage to any personal property or effects owned by me.

**I HEREBY EXECUTE THIS TRANSPORTATION PROXY, MEDICAL**

**TREATMENT AUTHORIZATION, PHOTO/AUDIO/VIDEOTAPE RELEASE AND**

**ASSUMPTION OF RISK AND RELEASE FROM LIABILITY FORM.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_

Parent Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

P.O. Box 5036 www.stagesbloomington.com

Bloomington, IN 47407 info@stagesbloomington.com

6/2018

**Stages Bloomington**

**Participant Code of Conduct**

Stages Bloomington welcomes your participation! All participants are expected show

consideration and respect to everyone and to the property around you and must follow

this Participant Code of Conduct.

1. Be on time for classes, rehearsals, performances other scheduled activities.

Arrive early enough to be ready to begin on time.

2. Dress appropriately for each activity. All clothing must remain in good taste.

3. Use appropriate language and manners.

4. Respect Stages Bloomington instructors, leaders and participants.

5. Remember that we are guests in many of the venues we use for classes, rehearsals

and performances. Show respect for others who may be using other areas of the

facility.

6. Refrain from actions that could result in injury and/or damage to property.

7. Refrain from behavior that monopolizes the time of the instructor, director, or

other Stages Bloomington leader or that jeopardizes the Stages Bloomington

experience for other participants.

8. Participants are expected to stay in approved areas while at classes, rehearsal

facilities and all performance venues.

9. Be responsible for your own property and clean up after yourself.

10. Peanuts and nut products are prohibited at all rehearsals, classes, and

performances in order to keep all our participants safe.

I acknowledge that I have read the Stages Bloomington Code of Conduct and that I will

abide by these terms. I understand that failure to abide by these terms may result in

expulsion from this activity without refund and prohibition from future Stages

Bloomington programming.

Signed Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box 5036 www.stagesbloomington.com

Bloomington, IN 47407 info@stagesbloomington.com

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Financial Aid Application – IMPROVISATION September 5 – October 3, 2019

**All application and scholarship materials must be mailed together. Deadline: postmarked by August 22, 2018**

Student Information

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_ Class(es) Student is registering for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address for all Correspondence Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Information

Name of Parent/Guardian #1 at this address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Earnings (before taxes) $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian #2 at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Earnings (before taxes) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Income. Additional monthly household income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Include all sources: alimony or support from non-custodial parent, Veterans/Social Security benefits,

unemployment or workers’ compensation, federal or state aid, etc.)

Total number of people living in student applicant’s household supported by the above income: \_\_\_\_\_\_

You MUST attach copies of any financial documents (most recent tax returns or most recent pay stubs)

in support of your request. You may also list any extenuating circumstances regarding your

financial situation on a *separate page.*

I have read the Stages Bloomington Scholarship Criteria. In signing this Financial Aid Application Form, I

understand that it is not a guarantee of financial aid and that Scholarship Fund limitations determine the

number of scholarships, if any, that Stages Bloomington can award. I acknowledge that Stages Bloomington

has, in no way, represented that Financial Aid will be granted to everyone who qualifies. These need-based

scholarships are awarded on a first come, first served basis.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature verifies that all the above statements, and the supporting documentation, are true and accurate to

the best of my knowledge, and further acknowledges my understanding of the financial commitment that will be

required.