



Scholarship Application

Scholarship funds are made possible through the generous donations of individuals, businesses, and civic groups in Collier County. This enables children who, because of financial restrictions, may be otherwise unable to participate in the KidzAct programming we offer at The Naples Players. Financial scholarships provide partial tuition to select children who have shown a strong interest and/or ability in theatrical arts.

Eligibility:

Applicants must be between the ages of 4 and 18, and they, their parents, or their legal guardians must be residents of Naples, Collier, or Lee Counties. Scholarships are available to public, private, and home schooled students.

Application Process:

The application is processed and reviewed by a member of the KidzAct Administration.

Application Requirements:

- General Information Form
- Letter of Support Form - to be completed by parents/guardians.
- Letter of Recommendation Form - to be completed by an influential person with no familial relation to the applicant. This person should be able to make a reliable evaluation of their character and working ability. Good references are people who are professional and in positions of responsibility. Consider asking teachers, coaches, mentors, art/theatre instructors, nanny/babysitter, or community leaders.
- Each student to be considered must have their own application.
- Returning students require new applications.

Application Deadlines:

Applications are due one week before the start of session. Failure to meet this deadline may result in your application being rejected.

Return the completed application to us via:

- **Mail to:** ATTN: KidzAct Scholarship Applications
The Naples Players
701 5th Ave. South
Naples, FL 34102.
- **OR Fax to:** 239-434-7772.
- **OR Return in person:** return the completed form to The Naples Players business office, located on the 2nd floor of our theatre. Open Monday – Friday 9:00 am – 4:00 pm.
- **OR scan and e-mail to:** cprice@naplesplayers.org

Questions regarding KidzAct scholarships or programs: Call 239-434-7340, ext. 127



General Information

Applicant's Name: _____ Age: _____

Applicant's School: _____

Parent's/Guardian's Name: _____

Home Address: _____

City/State: _____ Zip: _____ Phone: _____

E-Mail: _____

What class/production are you planning to participate in:

In the space below, briefly describe your performing experience. Write about your favorite theatrical, musical, and/or dance activities at school, church, or other places. If you have not yet been in performances, write about why you would like to try performing (you may continue on another piece of paper). Parents may transcribe their child's response if they does not yet write.

What do you hope to learn from your participation in KidzAct? (You may continue on another piece of paper.)



Letter of Support

(To be completed by Parent or Guardian)

Please give your reasons for wanting your child to receive a scholarship for a KidzAct performing arts program at The Naples Players. Are there any other factors, such as health or employment, which should be taken into consideration to strengthen this application? Use the space below.

Please check the appropriate box to indicate family income, and indicate family size.

- Under \$25,000
- \$25,000-30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$60,000

Number of children in family _____

List others living in household:

Date: _____ Applicant's Name: _____

The information given above is truthful and accurate. If requested, I will provide documentation to The Naples Players to substantiate financial information.

Parent's/Guardian's Signature: _____



Letter of Recommendation for Scholarship

(To be completed by an influential person with no familial relation to the applicant.)

Applicant's Name: _____

Name: _____ Phone: _____

Occupation: _____

Relation to applicant: _____

How long have you known the applicant? _____

Please give any information about this student that would support them receiving a scholarship to participate in our KidzAct Performing Arts program.

Signature: _____ Date: _____