**WILLIAM AND BARB ZABEL FUND**

**SCHOLARSHIP**

**Financial Assistance for 2021 SCORE Participants**

***NO APPLICATIONS ACCEPTED AFTER MAY 31***

**Background Information:**

The Updike Family Fund can be used for financial assistance to participants in the SCORE program.

Our goals for those funds are as follows:

* To provide an opportunity for students to participate who might not otherwise be able to attend.
* To honor the commitment and sacrifice current participants have made to the program and allow them to benefit from these funds.
* To be fair to all.

We are making these funds available to students on a self-identification basis, knowing that participants will respond with honesty and fairness.

**The Process:**

1. Students will apply for financial assistance by completing the accompanying form and returning it to the theater **BY MAY 31**.
2. Return the checklist and any accompanying information to: Maggie Hunter at 125 W. Jefferson Blvd. 46802, or email to *maggie@fwembassytheatre.org**.*
3. Most scholarships will be based on need.
4. Students will be notified by email by JUNE 1.
5. Students must accept the financial assistance within 24 hours of notification.

*\*All information will be kept confidential*

**WILLIAM AND BARB ZABEL FUND Application**

**Please complete the following form and return it to**

**Maggie Hunter**

**125 W. Jefferson Blvd. Fort Wayne, IN 46802**

Funds are only offered to students attending public schools, charter schools, home schools, or private schools on a voucher program. Students attending other types of schools may submit a letter under “other extenuating family circumstances.” “Parent” refers to any legal guardian.

Our funds for financial assistance are limited, and we will make them available to students and families on a needs basis. If you fit any of the following circumstances, you are eligible to apply for assistance without further documentation. If you have other circumstances not listed, please explain your situation in an accompanying letter.\*

Mark any that apply.

\_\_\_\_\_\_\_\_\_ Student is on free/reduced lunch.

\_\_\_\_\_\_\_\_\_ Parent(s) unemployed or underemployed *(Working a lower-paying job than expected based on training, education or other skills.)*

\_\_\_\_\_\_\_\_\_ Single-income family.

\_\_\_\_\_\_\_\_\_ Parent is ill or disabled.

**REQUIREMENTS OF SCHOLARSHIP:**

* ***Complete this application by writing a brief essay stating your main interests, any achievements, major goals, and how you plan to achieve those goals. A signature is required on your essay.***
* Other extenuating family circumstances.
* Letter from a teacher or faith leader that helps explain student needs.
* ***TO BE CONSIDERED FOR THIS FINANCIAL ASSISTANCE, ALL MATERIALS MUST ACCOMPANY THIS FORM!***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(PLEASE PRINT)***

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

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

Home and Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_