

THANK YOU FOR YOUR INTEREST IN THE FOUNDER'S MEMORIAL SCHOLARSHIP

"Roz and Toni believed in the power of theatre education. That it could comfort and enlighten and empower children. We know they would be very pleased that children have an opportunity to study theatre in their names." - Meg Quinn.

At TOY, we believe that The Arts are instrumental to the development of children and can offer opportunities to express emotions, gain empathy and learn how to live life on life's terms. We believe in opportunity and want to support families who have financial or personal hardships to overcome.

The Founder's Memorial Scholarship is intended to directly impact students in Title I schools in Western New York.

This scholarship can be awarded to multiple students, one time, per workshop session. (Winter/Spring, Summer and Fall, respectively.)

An applicant may be awarded the scholarship multiple times, but priority will be given to first time applicants.

Amounts awarded will vary due to workshop cost and Full/Partial scholarship requests.

APPLICANTS:

- Applicants must have a strong curiosity or interest in theatre.
- Must be a resident of Western New York.
- Able to attend ALL workshop dates as listed.
- Complete the application and its supplementary requirements.
- Provide TOY with a follow-up statement (both parent and child) in regards to the impact this award has offered them.
- Scholarship application and materials are due no later than TWO WEEKS prior to the scheduled and requested workshop.
- A deadline schedule will be provided upon workshop sessions being announced.

CHOOSING OUR RECIPIENTS:

- The scholarship committee will review all applications in a timely fashion.
- Awards will be granted based on availability per workshop and will be reviewed and considered as a whole at the scholarship deadline.
- Offers will be made via email and USS.
- Theatre of Youth does not discriminate based on age (workshop appropriate), gender, race or religious affiliations.

Please complete the following:

Child's name: _____ Age _____

Parent or guardian's name: _____ Phone _____

Address: _____

Email address: _____

What school does your child attend? _____

What grade are they in? _____

Has your child ever attended a Theatre of Youth workshop? _____

If you remember, which and when? _____

Has your child ever received a TOY scholarship in the past? _____

What workshop do you wish to register for? _____

Statement of Need:

Briefly describe your financial need for this scholarship.

Supplementary requirements:

(In a paragraph or two on a separate sheet of paper)

- Please provide a statement on behalf of your child.
 - Tell us a little bit about your child?
 - How can they benefit from this opportunity?
- Please have the child write a statement of intent.
 - If they are not of writing age, we accept drawings in crayon, marker or colored pencils!
- Please provide a statement on behalf of your child from a TEACHER or MENTOR.

Completed applications can be emailed to admin@theatreofyouth.org OR mailed to:

Kayla McSorley – Executive Assistant
Theatre of Youth
203 Allen St.
Buffalo, NY 14201