



## Schooltime Scholarship Application

The Zeiterion Theatre strives to make the arts accessible to everyone, regardless of their ability to pay for tickets. Scholarship tickets may be available to schools for select performances, which is contingent on available funding.

**Please read the information below prior to submitting your scholarship application.**

- Scholarship tickets may not be available for every performance due to availability or contractual obligations.
- Distribution of scholarship funds are managed by the Zeiterion Theatre which evaluates the financial need and objectives of each request.
- Funds are awarded on a first-come, first-serve basis and are subject to availability.
- Applicants must represent a school in the greater New Bedford area.
- All applications for the 17-18 Schooltime Season are due November 1<sup>st</sup>.
- Incomplete applications will not be considered.

Thank you for your interest in attending a Schooltime performance at The Zeiterion Theatre. Please complete the following scholarship application and return it by email to [acubellis@zeiterion.org](mailto:acubellis@zeiterion.org), by mail to the Zeiterion Performing Arts Center, 684 Purchase Street, New Bedford, MA 02740, or by fax to 508-999-5956. Please call our administration office at (508) 997-5664 x 129 if you have any questions.

Name of School: \_\_\_\_\_

School Representative: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Performance you would like to attend (FIRST CHOICE):

\_\_\_\_\_  
\_\_\_\_\_

*\*Be sure to include the title, date and time of the performance you are requesting to attend.*

Performance you would like to attend (SECOND CHOICE):

\_\_\_\_\_  
\_\_\_\_\_

*\*Be sure to include the title, date and time of the performance you are requesting to attend.*

Total number of tickets needed: \_\_\_\_\_ Number of tickets requested for scholarship assistance: \_\_\_\_\_

Grade level and brief description of students that would attend:

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Explain why your school or organization is in need of scholarship assistance:

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How would this experience benefit your students?

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Additional Comments: \_\_\_\_\_

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**School Representative Name & Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_