

# BCT THEATER LAB FINANCIAL AID FORM

DEADLINE: Two weeks before the first day of the camp/session attending. All scholarships are partial scholarships. Your help in paying partial tuition for your student enables more students to attend Theater Lab. All fields are required.

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name, date and time of the camp/session your student wants to attend: \_\_\_\_\_

Total amount you will contribute toward tuition: \_\_\_\_\_

Please enclose this Financial Aid application and check to pay for your portion of the tuition to: BCT, 854 Fulton Street Boise, ID 83702

Call the Box Office at 331-9224 x205 to pay with a credit card over the phone.

Questions? Email [info@bctheater.org](mailto:info@bctheater.org) or call 331-9224 x205

## MEDICAL AND PHOTO CONSENT

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby grant authority to the staff of BCT to render judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted. PHOTO: I further grant permission for BCT to reproduce and use my child's image in marketing, promotion and digital materials.

Family Physician: \_\_\_\_\_ Family Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Person(s) Authorized to pick up student: \_\_\_\_\_

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

Boise Contemporary Theater creates, produces and presents vibrant and dynamic professional theater that illuminates enduring themes while exploring contemporary issues and ideas. BCT is committed to fostering the education and training of professionally minded students. All classes will be held at BCT: 854 Fulton Street, Downtown Boise.