

Hubbard Hall Scholarship Application

Applicant Information:

Name (First, Last): _____

Is the applicant a minor (under 18)? Yes No

Parent/Guardian Name (if applicable): _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

Country: _____

Email: _____

Phone: _____

Phone Type: Cell Home Work

Program Information:

What class/program are you seeking support for? _____

What term are you seeking support for? Winter Wellness Spring Summer Fall

Other: _____

What amount of support are you requesting? Full Half

Briefly explain your need for support:

Volunteer Work (Check all that apply):

Riser setup/breakdown Box office/House management Cleaning

Scenic building/painting Repairs/Maintenance Landscaping

Hanging/Distributing posters Other: _____

I am unable to volunteer (this does NOT disqualify you from support)

Return completed application to the Hubbard Hall office or email to

Erin@hubbardhall.org.