



**Weidner Center Presents, Inc.
Scholarship Application**

Thank you for your interest in bringing your students to a Weidner Center Presents, Inc. Education program. Please complete this scholarship application AND a show registration form. Return **both forms** to Weidner Center Presents, Inc. in order to be considered for a scholarship. You will be notified as soon as the materials are evaluated.

School & District _____

School Address _____

City _____ County _____ State _____ Zip _____

Contact Person _____ Principal _____

School Phone _____ School Fax _____ Home Phone _____

Subject Area(s) _____ Email _____

Which performance do you wish to attend? _____

PART I - DEMOGRAPHICS:

1. Please check the type of school in which you teach:

_____ Private _____ Public _____ Parochial

2. In what size community is your school located?

_____ Urban – Total population 50,000 or more
_____ Suburban – Adjacent to the urban population
_____ Small City – Total population between 20,000 and 50,000
_____ Large Town – Total population between 10,000 and 20,000
_____ Rural – Total population less than 10,000

3. Please indicate the NUMBER of students in your group who are:

_____ Black, not Hispanic	_____ White, not Hispanic
_____ Asian/Pacific Islander	_____ Hispanic
_____ American Indian/Alaskan	_____ Multi-racial
_____ Deaf/Hearing Impaired	_____ Blind/Visually Impaired
_____ Physically Impaired	_____ Mentally Impaired
_____ Learning Disabled	

4. Does your school system employ arts specialists? _____ Yes _____ No

5. Have your students attended a performance at the Weidner Center in the past?

_____ Yes _____ No

If yes, what was the most recent performance attended? _____

6. How many performing arts events (music, theatre, dance) do you take your students to annually and where? _____

PART II – SELECTION CRITERIA:

Criteria for evaluation - Question #1 – 50% Question #2 – 20%, Question #5 – 20%, Geographic and Demographic distribution – 10%.

1. How do you feel this performance will benefit your students? _____

2. How will you use this experience in your classroom teaching? _____

3. Has your **school** attended a Weidner Center performance with scholarship aid in the past?
_____ Yes _____ No If yes, what performance and when? _____

4. What percentage of the students at your school is enrolled in the free lunch program?

5. Is there any other information to take into consideration? _____

Mail to: Weidner Center Presents, Inc.
Education Department
2420 Nicolet Dr
Green Bay, WI 54311

Fax: (920) 465-5101

***** Please include your completed registration form with this application*****

Questions – Please email us at education@wcpresents.com or call (920) 465-5100