



2011-2012 Dana Brown Charitable Trust Educational Assistance Application

Applying for financial assistance does not guarantee that funding will be granted. Applicant will be notified of the decision within three weeks after the application form is received by the Delta Dental Health Theatre. **This form must be returned to the theatre at least two weeks prior to your school's visit in order to be considered for funding.** Qualification will be based on: All requested information must be complete, demonstrated need, availability of educational assistance funding.

Send or fax this form to:
Shannon Woodcock
Delta Dental Health Theatre
727 North First St.
St. Louis, Missouri 63102
Fax: (314) 613-4076

Date of Application _____

School _____ Grade Level _____

Principal Name _____ Teacher/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

School District _____ Dates of shows applying for _____

Number of students attending show _____ Number of Adults attending show _____

What percentage of applicant class qualifies for the school free or reduced lunch program? _____

How did you hear about this funding opportunity?

Please answer the following.

How many students attending have visited the Delta Dental Health Theatre before? _____

Has your school attended the Delta Dental Health Theatre in the past? Yes No

(please complete next page)

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