

STUDENT AID REQUEST for ACADEMIC ASSISTANCE  
for DECLARED MAJORS and MINORS in THEATRE

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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

Item	Description	Cost

Please note that the Aid Request cannot exceed \$250 and must be related to your academic pursuits.

Wil Kilroy \_\_\_\_\_  
Academic Department Head/Theatre Dept Date

Denise Welsh \_\_\_\_\_  
President American Southwest Theatre Co Date