Judy Berlin's

KIDS ON CAMERA TV & FILM ACTING SCHOOL TM

Class Location San Francisco & Marin
Mailing Address: 530-C Alameda Del Prado #348, Novato, CA 94949
415.440.4400; Fax: 415-506-4671 www.kids-on-camera.com

SCHOLARSHIP PROCEDURES for WORK EXCHANGE – 2016 FOR PARENT or TEEN STUDENT – **FALL 2016**

Scholarship assistants help behind the scenes during their child's weekend class time. We are <u>not</u> funded by the state, however, we want to assist you. (See work & class times below)

- <u>- Fall</u> We ask that a parent arrive with the student 15-30 min <u>before</u> class starts and stay for approx. 30-60 min. after class ends. If the parent is available, an additional 6 hrs <u>is arranged</u> at my Marin/Novato home office during the term.
- Scholarships are confirmed and based on space available 2-4 days before first class day.

Duties: Assist w/ set up and re-set of classrooms, supervising attendance, entrances/exits, snack time, and helping during class.. We ask that a parent does not assist inside the classroom where their child is practicing in order to encourage independence. **Class dates on website and flyers.**

Time Plan: Fall 5-week series information below:

A- Sun: Age 4-6 class:

Parent helps 12:00-3:45P TV 1: 3:30-6PM.

Parent attends to help

B-Sun: Age 7-18 **3:15-7:00P**

TV 3: 10AM-12PM

Parent attends to help: 9A-12:30A

SCHOLARSHIP FEES on PAYMENT PLAN OVER 3 MONTHS:
T0 APPLY- Fill out a Scholarship Application and a Registration form and submit with a \$50 refundable deposit. We confirm scholarships based on space available 2-4 days before your first class day or workshop.

- TV Acting 5-week Weekend Series Fall
- This fee is negotiable based on our work exchange agreement.
 Age 4-6- \$ 400.00 course fee is reduced to \$280.00
 Age 6-14: \$585.00 course fee is reduced to \$410.00

* Year Round: One-Day Weekend Workshops & Summer Programs
Fee negotiated based on time at class and/or at our Marin office. 9/18/163P

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KIDS ON CAMERA TM

TV/FILM ACTING SCHOOL

Locations: San Francisco, Marin, & East Bay - Class at: 3200 California St. San Francisco New Mailing Address: 530-C Alameda Del Prado #348, Novato, CA 94949
415.440.4400; Fax: 415-506-4671 www.kids-on-camera.com
e-mail: info@kids-on-camera.com

Dear Scholarship Applicant:

Kids on Camera has established a program to provide financial assistance to students of low income and special need families. <u>In return, the parent and/or student are asked to provide work exchange services behind the scenes during a weekend 5-week series, one-day workshop, summer day camp, and/or special events such as our open house or talent showcase.</u>

<u>In addition, if the parent is available,</u> 6 hours are arranged on weekdays at the Marin/Novato home office during the term.

Scholarships are limited. We are not funded for scholarships, however, we aim to help applicants. To accommodate you each applicant is asked to carefully consider their specific financial need and specify how much assistance is required where noted on the application questionnaire. The maximum financial assistance we can provide is 30% - 40% off of the full course fee. If a parent helps on weekends and/or weekdays fees will be negotiated. - Payment plans are available over Weekend series and if you take multiple 1-day workshops.

Applications will be considered in the order they are received and all applications will be kept confidential. Parents and students should carefully complete the Scholarship Application together. All applicants will be interviewed. **We recommend attending our open house or scheduling an informal interview in person or via the phone.**

Scholarship enrollment is dependent on space availability. Course choices for scholarship students are limited to the openings available. Placement will be confirmed 2-4 days before the 1st class series, camp week, or one-day workshop.

Please indicate your 1st and 2nd choice for a weekly series, camp, or workshop, where indicated on the application and on the registration form. Every effort will be made to place you in one of the courses of your choice.

Scholarship students are expected to attend class regularly and complete all homework. We do not provide make-up classes or interchanging of class day/times. Parents and students should give serious consideration to this commitment when making your course choice. High absentees may result in forfeiture of scholarship. The last class is a viewing and parents attend to share in their student's progress.

-TO APPLY: Submit application, a registration form, and \$50.00 refundable deposit to: Kids on Camera 530-C Alameda Del Prado #348, Novato, CA 94949 See an enclosure for our procedures for the work exchange.

Sincerely.

Kids On Camera Staff

(RE: Fall 2016)

KIDS ON CAMERA TM

SCHOLARSHIP APPLICATION – FINANCIAL AIDE REQUEST FALL 2016

New Mailing Address: 530-C Alameda Del Prado #348, Novato, CA 94949 415.440.4400; Fax: 415-506-4671 www.kids-on-camera.com e-mail: info@kids-on-camera.com - Locations: San Francisco, Marin, East Bay

INFORMATION IS CONFIDENTIAL!

To apply for Scholarship assistance, complete the following. Submit this application with a registration form from our website along with a refundable deposit of \$50.00, a copy of your last year's tax return and/or other documented proof of your annual income. Your deposit will be refunded if we are unable to grant financial assistance or provide the class of your choice. Please answer all of the questions. The information that you provide us will help in evaluating your application. Applicants will be considered in the order that they are received. Scholarships will be confirmed 2-4 days before the first class weekend day, camp week, or one day workshop.

or one day workshop.	(PLEASE PRINT)	Today's date
■ Parent's Name (s):	Home Phone	
Address:	City:	St:Zip:
Employed by:	Phone:	
Hours of Employment:	Marital status:	
Spouse Employed by:	Phone	:
Monthly Household income: \$	from Wages \$	from Other \$
Explain:		
Own Home:Rent:N	No. o	of children in household:
Reference:Name	Address	Phone
Name	Address	Phone
■ Student Name:	Date of Birth:	Age: M F
■ COURSE DESIRED: (EX: TV	1, etc) 1 st Choice:	2 nd Choice:
Regular School Attending:	Name of Drar	ma Instructor:
1. Why do <u>you </u> want to enroll your	child in classes at KIDS ON CAN	MERA?
2. Why does the student want to a	attend our classes? (Acting skills,	improve confidence, etc)

(Complete questions on reverse side)

3. Please give a brief description of student's past training and performing experience, (acting, dance, etc), or attach a resume. Use a separate sheet of paper if needed.
4. Is student currently involved in any rehearsals or performing arts productions? Please describe.
5. Why do you want this scholarship? If financial need is a consideration, please explain.
6. Describe what assistance you are prepared to provide in return for this scholarship. Tell us what things you feel you can contribute and how you might help the school. (Examples: office assistance, cleaning services, professional hairstyling or makeup assistance at photo shoots, carpentry, computer skills, sewing, etc.) Add additional ideas to assist us.
7. Do you know how to hook up and operate a standard VCR or DVD player with a TV? Do you know how to operate a digital camera?
8. Please tell us what hours, days and times you have available to provide this assistance? Are you available during the week part-time and/or during your child's class time? State days/time.
9. How did you hear about us? (a friend/name), Internet, Yellow Pages, News Ad, TV, etc.)