

**FACETS' MEDIABRIDGE  
CONFIDENTIAL SCHOLARSHIP APPLICATION**



Thanks to the generous sponsors of MediaBridge, we are able to offer a limited number of full and partial scholarships for this extraordinary summer workshop. Full & partial scholarships are competitive and are made based on financial need and on indications that applicant has the potential to benefit from, and contribute to, the MediaBridge program.

PARENT NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

NAME AND AGE(S) OF CHILDREN ATTENDING CAMP:

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

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

ANNUAL COMBINED NET HOUSEHOLD INCOME: \$ \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_

Please describe the circumstances that affect the family's ability to meet the MediaBridge cost. Attach additional pages if needed.

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Based on your appraisal of the financial circumstances, how much can the family afford to cover tuition costs for the child? State a dollar amount and explain. (This question must be answered fully.)

Please use the space below to write a brief paragraph, describing why you feel your child could benefit from MediaBridge.

Please describe what special contribution to MediaBridge have been/will be made by your child.

Submit this form with the MediaBridge Application & two letters of recommendation to:

MediaBridge, c/o CICFF, 1517 West Fullerton Ave., Chicago, IL, 60614. Forms can be faxed to 1-773-929-0266 or e-mailed to [kidsfest@facets.org](mailto:kidsfest@facets.org)