

STRATFORD COMMUNITY THEATRE SCHOLARSHIP APPLICATION

Name: _____ Date: _____
Age: _____ Date of Birth: _____ Phone: _____
Parent or Guardian: _____ Address: _____
ACT Scores: _____ High School GPA: _____
Eng. Math Read Sci. Comp. Total
e-mail address _____ High School

1. State your reason for wanting to further you education: _____

2. State your reason for applying for this scholarship: _____

3. What type of post high school institution do you plan to attend?
a. college/university b. tech school c. other _____
4. How many years do you plan to attend post high school training? _____
5. What field of study do you plan to pursue? _____
6. Area you plan to work while attending post high school _____
7. Have you been awarded any other scholarships, loans, or grants? (please list)

8. List school and community activities as well as offices held. (please attach separate sheet if needed) _____

9. List honors and awards. _____

10. Attach two (2) letters of recommendation; one from a teacher, minister or family member, and one from an adult friend of your family. These letters should reflect your sense of responsibility and involvement in your family, school, church, or community. Letters should include address and phone number so that they can be contacted.
11. Write and attach a brief essay explaining your attitude toward school and community involvement. Briefly describe your professional goals.
12. Would you be willing to help serve 1 night during the play performances? _____

RETURN TO: STRATFORD COMMUNITY THEATRE
293 East Rondell Ave. Suite 1
STRATFORD, SD 57474

Applications can be dropped off at Prorate Services, 370 N 3rd St, Stratford, SD

DEADLINE 5:00 PM FEBRUARY 17, 2023

Winner announced at Stratford Community Theatre performance