

SCHOLARSHIP APPLICATION

AREA COMMUNITY THEATRE

FOR 2023-2024 SCHOOL YEAR

PLEASE FILL IN ALL RESPONSES TO THE BEST OF YOUR ABILITY.

1. Name: _____

2. Parent/Guardian: _____

3. Mailing Address:

Street: _____

City: _____

State: _____ ZIP: _____

4. Phone Number: _____

5. E-mail address: _____

6. Date of birth: _____

7. Cumulative Grade Point Average: _____

Attach proof of GPA as well as a copy of your most recent high school transcript.

8. Name/ :Location/ Address of high school presently attending:

9. A. List any academic honors, awards, and memberships of clubs that you belonged to during high school.

10. List your hobbies, outside interests, extracurricular activities, and school related volunteer activities. Please mention any theatre or drama activities that you may have been involved with in the recent past.

11. List your non-school sponsored activities that you participate in your community or surrounding area.

12. Briefly describe your academic plans for the future.

Please return this scholarship application to AREA COMMUNITY THEATRE by April 30, 2024

. Mail to:

ACT
907 KILBOURN AVENUE
TOMAH, WI 54660

c/o SCHOLARSHIP COMMITTEE