

THE GREEN ROOM COMMUNITY THEATRE'S MARY CATHERINE SHIVERS SCHOLARSHIP AWARD

(Please Print)

NAME

ADDRESS

PHONE

HIGH SCHOOL

OTHER SCHOOLS ATTENDED

LIST DRAMA AND/OR COMMUNITY THEATRE EXPERIENCE BEGINNING WITH THE MOST RECENT:
(ATTACH AN ADDITIONAL PAGE IF NEEDED.)

YEAR	PRODUCTION	LOCATION/THEATRE
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

LIST OTHER EXTRACURRICULAR ACTIVITIES:
(ATTACH AN ADDITIONAL PAGE IF NEEDED.)

PARENTS / GUARDIAN INFORMATION

NAME OF MOTHER

NAME OF FATHER

ADDRESS

ADDRESS

PHONE

PHONE

EMPLOYER

EMPLOYER

PHONE

PHONE

ON A SEPARATE PIECE OF PAPER, PLEASE BRIEFLY ANSWER THE FOLLOWING:

1) WHICH COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND AND WHY YOU HAVE CHOSEN THEIR PROGRAM?

2) WHY DO YOU BELIEVE THE PERFORMING ARTS ARE IMPORTANT TO A TOTAL EDUCATION?

ATTACH THREE (3) PERSONAL LETTERS OF RECOMMENDATION TO THIS APPLICATION. THESE SHOULD BE FROM PEOPLE OTHER THAN FAMILY MEMBERS. AT LEAST ONE OF THESE LETTERS SHOULD BE FROM A PERSON WHO HAS SOME KNOWLEDGE OF YOUR THEATRICAL SKILLS.

ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT TO THIS APPLICATION.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY PART IS FOUND TO BE UNTRUE, I WILL BE DISQUALIFIED FROM THE APPLICATION PROCESS.

Applicant signature:

Parent/Guardian signature:

Return the complete application packet to: The Green Room Community Theatre, Inc.
Sherry Butler
P.O. Box 1317
Newton, NC 28658



Completed Applications must be postmarked by April 24, 2019.