

# Bob and Michele McCreary Scholarship

(Please Print)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

PLEASE LIST SCHOOL / CHURCH / CLUBS AND/OR OTHER COMMUNITY ORGANIZATIONS IN WHICH YOU HAVE BEEN ACTIVELY INVOLVED. PLEASE INCLUDE LEADERSHIP POSITIONS, COMMUNITY SERVICE, AND VOLUNTEER WORK. (ATTACH AN ADDITIONAL PAGE IF NEEDED.)

YEAR(S) ACTIVE	ORGANIZATION	OFFICE/ LEADERSHIP ROLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

YEAR	PRODUCTION	LOCATION/THEATRE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) WHAT VALUE DO THE ARTS PLAY IN CREATING A STRONG COMMUNITY?

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

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\* 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 VOLUNTEER WORK.

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

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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.  
Scholarship Committee  
P.O. Box 1317  
Newton, NC 28658

Completed Applications must be postmarked by Friday, April 30, 2021.

