



**2024 Scholarship Program  
Application for Theatre Employees  
Must be received by April 15, 2024**

*Please complete the form below. Completeness and neatness ensure your application will be evaluated appropriately.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Employer (Theatre) \_\_\_\_\_

Theatre Address \_\_\_\_\_ Theatre Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# Months employed \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Name of High School \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Guidance Counselor \_\_\_\_\_ School Phone \_\_\_\_\_

Date of Graduation \_\_\_\_\_

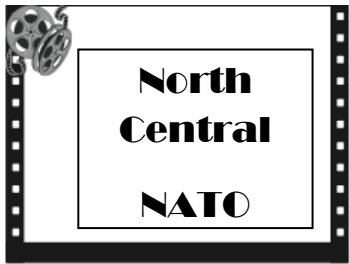
High School GPA (Transcript enclosed) \_\_\_\_\_ College GPA (if applicable) \_\_\_\_\_

ACT scores: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Comp \_\_\_\_\_ *(Copy attached)*

Name and address of accredited school you plan to attend in the fall of the year:

School Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_



# Scholarship Program Application for Theatre Employees Applicant Appraisal (Required)

**Applicant's Name** \_\_\_\_\_

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. Separate appraisals should be completed by your theatre manager or owner, a high school or college counselor/advisor, and one or two instructors/teachers who know you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. Check the box that best describes the Applicant. When complete, please return to the applicant. If you prefer, photocopy this section and return to the applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Organization \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

*To the Applicant: Please include the completed appraisal form with your scholarship application and essay.*