

## STRATFORD COMMUNITY THEATRE SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents or Guardian(s): \_\_\_\_\_, \_\_\_\_\_ 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. Are you planning to work while furthering you education? \_\_\_\_\_

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 3<sup>rd</sup> St, Stratford, SD

**DEADLINE 5:00 PM FEBRUARY 16, 2024**