

# CAMPBELLSPORT COMMUNITY THEATER SCHOLARSHIP APPLICATION

One \$500 scholarship will be awarded.  
Graduating seniors or full time college students are eligible.  
Application due: April 5 2024  
(Please use a typewriter or print clearly)

## Personal Information

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

## Photograph

Please enclose one 2"x3" picture. This photograph will be used in the newspaper(s), when the successful recipient is announced.

## Transcript

Please enclose a copy of your high school/ college transcript.

## College Plans

List the colleges you have applied to:

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Have you declared your major? Yes No If yes, please list: \_\_\_\_\_

## Leadership Roles (On a separate sheet of paper)

Please provide information regarding the extent of your involvement (years), awards and/or recognition received, and offices held. Leadership qualities can be demonstrated both within and outside of the school setting.

**Essay (On a separate sheet of paper)**

Please complete an essay of 100 words or less on the topic – “How my involvement in theater or the arts has affected my personal growth and development”

**References**

Please submit two letters of reference. One letter may be from a teacher. You may not ask a relative as a reference. Please list their names and relationship to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Each recipient is expected to attend one of the Campbellsport Community Theater performances for recognition and presentation of the scholarship. The performances are held in mid-August each year.**

**Authorization for release of records**

I authorize the release of my student records, including my academic record, grade point average, class rank, test scores, etc. to the Scholarship Committee. Finally, I affirm that the data I have submitted is correct, to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Signature of Parent (if minor child) \_\_\_\_\_

Date submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail the completed application with attachments by April 5<sup>th</sup>.

Incomplete applications will not be considered.

The application should be mailed to:

Campbellsport Community Theater  
c/o Rose Brandl  
400 S Helena St  
Campbellsport WI 53010