

*The*Green Room  
MARY CATHERINE SHIVERS  
SCHOLARSHIP APPLICATION

(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/>
<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 QUESTIONS:

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

2) TELL WHY 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 May 1, 2010.