

Denton Community Theatre, Inc.
SCHOLARSHIP APPLICATION
THE TERESE LYNN ATKINS MEMORIAL SCHOLARSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Business: _____

Summer/School Address: _____ or Permanent Address: _____

If the above address is your summer or school address please place your permanent address below.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Business: _____

What college or university are you attending? _____

Classification _____ Hours completed _____

Major _____ Minor _____

Grade Point Average _____ on a _____ point scale

Previous college/university experience:

College/University	Date Attended	# Hours Completed
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many hours do you plan to take this Fall?: _____ Spring? _____

Briefly summarize your theatre experience (acting and crews) or attach a resume. Indicate community, school, or professional activities. Include dates of productions and note if full production, University Interscholastic League (U.I.L.) work, or classroom and scene work.

**What are your goals for utilizing your theatre training after graduation?
(Paid or Volunteer)**

What is the role of community theatre and why is it important?

Why are you a good candidate for a Denton Community Theatre scholarship?

Signature_____ **Date**_____

Attachments 1) A letter of recommendation from a college professor, or a theatre volunteer or professional with whom you have worked
2) A copy of your college/university transcript