

# St. John's Drama Club Scholarship Application

| Applicant Name  |   |                                |    |
|---|---|--------------------------------|----|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   | First Name  | Last Name                      | MI |
| Home Address  |   |                                |    |
| Address   |   |                                |    |
| City  | State   | Zip                            |    |
| Home Phone (Include Area Code)  |   | Cell Phone (Include Area Code) |    |
| Email Address:  | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate (MM/DD/YYYY)         |    |
| Mailing Address (If Different From Above) Correspondence Will Be Sent To Your Mailing Address.    |   |                                |    |
| Address   |   |                                |    |
| City  | State   | Zip                            |    |
| Home Phone (Include Area Code)  |   | Work Phone (Include Area Code) |    |
| Education   |   |                                |    |
| Where did you attend High School?   |   | Graduation Date (MM/YYYY)      |    |
| Name Of College Or Institution You Have Been Accepted To Attend:                                  |   |                                |    |
| Attending <input type="checkbox"/> This Fall Or <input type="checkbox"/> Next Spring              |   |                                |    |
| Degree or Certification You Will Be Pursuing:   |   |                                |    |
| Field Of Study:   |   |                                |    |
| Are You Enrolled:   |   |                                |    |
| <input type="checkbox"/> Full-Time (12 Or More Hours)   |   |                                |    |
| <input type="checkbox"/> Part-Time (6-11 Credit Hours) Number Of Hours? ____                      |   |                                |    |
| <input type="checkbox"/> Less Than Part-Time (Less Than 6 Hours) Number Of Hours? ____            |   |                                |    |
| Will You Be Living:   |   |                                |    |
| <input type="checkbox"/> On Campus  |   |                                |    |
| <input type="checkbox"/> Off Campus   |   |                                |    |
| <input type="checkbox"/> With Parents   |   |                                |    |
| If Other, Please Explain.   |   |                                |    |
| Have You Applied For Other Scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                |    |
| If No, Please Explain Why Not:  |   |                                |    |
| Have You Received Other Scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No    |   |                                |    |
| Applicant's Signature _____   |   | Date _____                     |    |
| Parent/Guardian Signature _____   |   | Date _____                     |    |

## Checklist

- Apply and be accepted for admission to a college, university or trade school.
- Submit Scholarship packet by April 15, 2024. (Late entries will not be considered)
- Include 500-2000 word essay.
- Include résumé in proper resume format. (If you don't know, find out!)
- Include cover letter.
- Parent/Guardian Signature required on **ALL** applications.