

ISLAND PLAYERS 2024 SCHOLARSHIP APPLICATION

CONTACT INFORMATION:

NAME:
STREET ADDRESS:
CITY, ST, ZIP:
CELL PHONE:
E-MAIL ADDRESS:

SCHOOL INFORMATION:

What High School do you attend?
Where do you plan to attend College?
What is your intended Major?

ISLAND PLAYERS RESUME:

PLAY	YEAR	ASPECT(Performer, Tech, Crew)
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PARENT INFORMATION:

NAME:
STREET ADDRESS:
CITY, ST, ZIP:
CELL PHONE:
E-MAIL ADDRESS:

AGREEMENT AND SIGNATURE:

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature (applicant): _____ Date: _____

Signature (parent): _____
Date: _____

PLEASE INCLUDE:

1. HIGH SCHOOL TRANSCRIPT
2. SAT OR ACT SCORES (if taken)

3. Please give Mrs. Hinson's email to the 2 people that will be sending in letters of recommendations. (by May 10, 2024) (thehinsons01@gmail.com)

Scholarship Award Program Island Players