



## Beloit Civic Theatre Scholarship Application

(Please print or type within the space provided below, or substitute a similar form generated on your own computer)

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

Address: \_\_\_\_\_  
Street address City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of parent(s) or guardian(s):

1. List school activities in which you have participated

2. List volunteer or public service in which you have been involved.

3. List performing arts experience

4. What are your educational plans after high school?

\_\_\_\_\_  
Applicants Signature Date

\_\_\_\_\_  
Principal / Teacher Signature Date