

# ACT – Adrian Community Theatre

## Fine Art Scholarship

1. DEADLINE for scholarship applications is April 1<sup>st</sup> of current year.
2. Refer to criteria below for eligibility requirements.
3. Submissions should be emailed to [actadrian@gmail.com](mailto:actadrian@gmail.com), or mailed to ACT, PO Box 393, Adrian, MO 64720.
4. The recipient will be contacted prior to May 1<sup>st</sup> of the current year.
5. If you have any questions about the application, please email [actadrian@gmail.com](mailto:actadrian@gmail.com) or call 913-912-3228.

**Award Components:** One \$100 scholarship for a student to use as they choose to aid in furthering their Fine Arts Education.

### Criteria:

1. Must have participated in at least ACT production (cast or crew).
2. Must be a graduating senior for the current year.
3. Must be enrolled in or entering a two or four-year institution with an emphasis in the performing arts, including but not limited to acting, arts education, dance, music, performance, theatre arts, design/technology, writing/editing.
4. Must have a minimum 3.0 grade point average.
5. Must completely fill out the information below and submit via email or USPS mail to the addresses shown in #3 above.

**Complete form below: (use additional pages as necessary)**

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

**Address, City, State, Zip:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Where will you be attending college the fall after your senior year and what major of study? (College name, city and state)**

**2. What are your educational and professional goals and objectives?**

**3. List your academic honors, awards and membership activities while in high school.**

**4. List your community service activities, hobbies, outside interests, and extracurricular activities:**

**Statement of Accuracy:** I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Adrian Community Theatre Fine Arts scholarship program.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of applicant

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of High School Advisor

\_\_\_\_\_  
Printed Name of High School Advisor