

OPERA HOUSE STAGE COMPANY
SCHOLARSHIP APPLICATION

Complete this application and return it to:
Opera House Stage Company Scholarship Committee
c/o Monticello Opera House
P. O. Box 518
Monticello, FL 32345

*All envelopes containing scholarship applications should be marked
"Personal and Confidential"*

1. NAME: _____

2. ADDRESS: _____

3. PHONE: (HOME) _____ (CELL) _____

4. E-MAIL: _____

5. DATE OF BIRTH: _____

6. ARE YOU EMPLOYED? YES _____ NO _____

IF "YES," LIST EMPLOYER _____

7. WHAT PROGRAM OF STUDY HAVE YOU APPLIED FOR OR ARE GOING TO APPLY FOR? (Use an additional sheet to describe if necessary.)

8. SUBMIT AN ESSAY ADDRESSING THE FOLLOWING:

A. Your interest in this scholarship opportunity and how you will use the funds provided to pursue your artistic interests.

B. Why you consider yourself a good candidate for this scholarship.

C. How do you foresee using the skills attained through this scholarship to better yourself and benefit others.

9. LIST YOUR PARTICIPATION IN LOCAL ARTS ACTIVITIES.

(Classes, plays, concerts, art exhibits, performances, etc.) Use an additional sheet to describe your involvement.

APPLICANT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if applicant is under 18):

_____ PHONE: _____ EMAIL: _____