

Crystal Theatre, Inc. & Perri Bell Memorial Scholarship

STUDENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Checklist:

1. Cover Sheet _____
2. Application _____

Signature verifies that all requested information has been received.

_____Signature

_____Date

Crystal Theatre, Inc. & Perri Bell Memorial Scholarship Application

The Crystal Theatre Scholarship, will award a scholarship(s) up to \$500.00 to a graduating senior(s) who has maintained a 3.0 average throughout high school, and has volunteered at The Crystal.

Award determination will be made at the April meeting of the Crystal Theatre.

Notification to scholarship recipients will be sent through the High School Office.

Applicant's Name _____

Address _____

Age _____ School Attended _____

Parent's or Guardian's Name _____

Phone Number _____

Number in your class _____ Your GPA _____ Your Rank in Class _____

School Activities and Clubs _____

Other Activities and Offices _____

Please list, on an attached sheet, the activities you have participated in at The Crystal Theatre, and if you have performed in any other theatrical situations.

Do you plan on pursuing theatre in the future? If so, in what way?

Have you been accepted into an accredited college or university? If so, please list.
