

HERITAGE COMMUNITY THEATRE 2024 DRAUCA J. HOLMES SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

First Name:	Middle:	Last:
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:		

PARENT OR GUARDIAN INFORMATION

First Name:	Middle:	Last:
Relationship to Applicant:		Phone:
Email Address:		

HIGH SCHOOL/SECONDARY SCHOOL DATA (LIST CURRENT SCHOOL FIRST)

School Name:		
Address:		Phone:
City:	State:	ZIP Code:
Dates of Attendance	From:	To:
Principal's Name:		Phone:
Drama Teacher's Name:		Phone:

School Name:		
Address:		Phone:
City:	State:	ZIP Code:
Dates of Attendance	From:	To:
Principal's Name:		Phone:
Drama Teacher's Name:		Phone:

HIGH SCHOOL GRADUATION DATA

Cumulative Grade Point Average	School at time of Graduation:
_____ on a 4.0 scale	Projected Graduation Date:

COLLEGE/UNIVERSITY SCHOOL DATA – SCHOOL YOU PLAN ON ATTENDING

School Name:		
Address:		
City:	State:	ZIP Code:
Start Date:	Major or course of study:	

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THEATRE EXPERIENCE

Identify your top 1 to 9 theatre experiences **starting with the most recent**.

Show/Performance	Character(s)/Production staff or crew	Month/Year	Where Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

ACTIVITIES, AWARDS, AND HONORS

List your top 1 to 12 extracurricular activities (in and outside of school) in which you have participated during the **past four years** (e.g., student government, music, sports, volunteer work, etc.). Indicate all special awards, honors and offices held.

Activity	No. of years	Awards, Honors, Office	Activity	No. of years	Awards, Honors, Office
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

Goal and aspirations:

CERTIFICATION

Drauca J. Holmes Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Heritage Community Theatre.

I acknowledge decisions are final. I certify I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's signature:

Date: