



William D. Smith Scholarship

Scholarship Application

This application is for the academic year _____

Name _____ Date of birth ____/____/____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Member of a Theatre Group _____

Marital Status _____ Number of Dependents _____

High School Name / Address _____

Graduation Date _____

High School Activities [List all major non-theatre activities and number of years of participation. List offices held, honors received and/or prizes won. Attach a separate sheet if needed]

College Attended [List schools, addresses, dates and degrees] _____

Note: This application cannot be accepted unless an official transcript, at the applicant's expense, is attached. Please do not submit application form without an official transcript. Not applicable for conservatories and special programs.

College Major _____ **College Minor** _____

Scholarships: [List scholarships previously held. List name, institution, dates, amounts]

Theatre Activities: [List all theatre activities - roles played, crew assignments held, plays directed, etc. Attach a separate sheet if needed] _____

Provide additional information that will assist the committee in the evaluation of your application.

If you are a recipient, what school in Michigan will you attend? _____