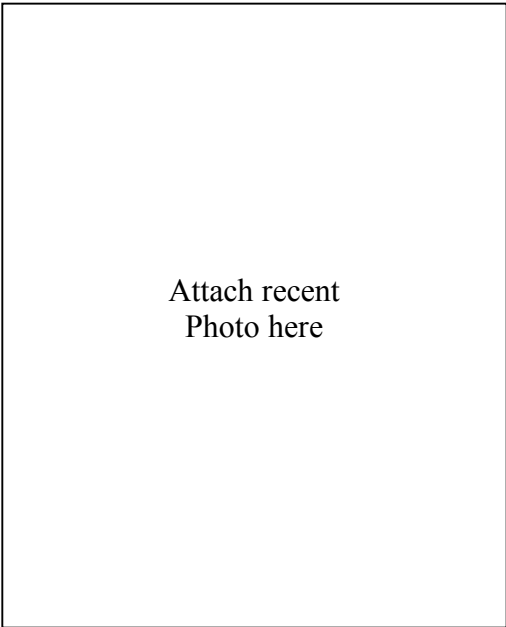


APPLICATION FORM
DEPARTMENT OF THEATRE
TALENT SCHOLARSHIP APPLICATION



Name: _____

E-Mail Address: _____

Mailing Address: _____

Attach recent
Photo here

Phone Number: _____

G.P.A.: _____

High School: _____

SAT / ACT Score: _____

Drama / English Advisor: _____

Primary Interest: Acting Musical Theatre Design/Tech

Items to return with this Application:

1. Resume'
2. High School or Prep School transcripts
3. Departmental Questionnaire

Please return all items to:

The University Of West Florida
Department of Theatre
Attn: Kevin P. Kern
11000 University Parkway
Pensacola, FL
32514

I attest that all information given in support of my application for The University Of West Florida's Theatre talent scholarship is honest and true

SIGNED: _____

PRINT NAME: _____

DATE: _____