



STEPHEN JONES GRIZZARD MEMORIAL SCHOLARSHIP

HABERSHAM COMMUNITY THEATER

APPLICATION

NAME_____

MAILING ADDRESS_____

PHONE(S)_____

EMAIL ADDRESS_____

EDUCATION

HIGH SCHOOL_____

GRADUATING CLASS RANK_____ GPA_____

SAT/ACT SCORE(S)_____

SCHOOL ACTIVITIES including clubs, athletics, social, literary, and performance groups (list office held, if any, and attach separate sheet if needed)_____

AWARDS AND HONORS_____

NAME OF COLLEGE ATTENDING THIS FALL_____

ARE YOU PLANNING ON A CAREER IN THE ☐ YES ☐ NO

CREATIVE ARTS?

WORK EXPERIENCE

PAID OR VOLUNTEER_____



HABERSHAM COMMUNITY THEATER

STEPHEN JONES GRIZZARD MEMORIAL SCHOLARSHIP

APPLICATION, Page 2

COMMUNITY ACTIVITIES

PERSONAL

PARENT'S NAME(S) _____

SCHOOL FACULTY REFERENCES

1) NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

2) NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

ESSAY

Please state in a brief essay why you feel you are deserving of this scholarship (on a separate sheet, attached). Please include any information you feel is relevant and would like the Habersham Community Theater Scholarship Committee to consider in its decision. An interview with the HCT Scholarship Committee will be part of the final selection process.

Please complete and submit this form, along with your essay, by APRIL 3rd to your high school guidance counselor or directly to marydecker@habershamcommunitytheater.com

Applications may also be mailed to: Attn: Scholarship Committee Habersham Community Theater P.O. Box 846 Clarkesville, GA 30523

I certify that all information reported on this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE