

STEPHEN JONES GRIZZARD MEMORIAL SCHOLARSHIP

Create · Perform · Inspire

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
DO YOU PLAN A CAREER IN THE PERFORMING ARTS? YES NO
WORK EXPERIENCE
PAID OR VOLUNTEER

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APPLICATION, Page 2

COMMUNITY ACTIVITIES	
PERSONAL	
FATHER'S NAME	
MOTHER'S NAME	
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, or as a sepperate sheet, attached, or as a sepperate if emailing). Please include any information you feel is relevant and would like the Habersham Community Theate Scholarship Committee to consider in its decision. An interview with the HCT Scholarship Committee will be part of the fine selection process.	r
Please complete and submit this form, along with your essay, by APRIL 5, 2024 to your high school guidance counselo directly to marydecker@habershamcommunitytheater.com. Applications may also be mailed to:	r or
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	