



HCT

HABERSHAM COMMUNITY THEATER

Create · Perform · Inspire

STEPHEN JONES GRIZZARD MEMORIAL SCHOLARSHIP

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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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 separate .pdf file if emailing). 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 21, 2023 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
Clarksville, 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