



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)\_\_\_\_\_

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AWARDS AND HONORS\_\_\_\_\_

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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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# STEPHEN JONES GRIZZARD MEMORIAL SCHOLARSHIP



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## COMMUNITY ACTIVITIES

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## 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). 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 1<sup>st</sup> to your high school guidance counselor or directly to [president@habershamcommunitytheater.com](mailto:president@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