

# Scholarship Application Tree of Life Theatre Troupe 2017

Tree of Life Theatre Troupe, Inc.  
P. O. Box 1425  
Eldersburg, MD 21784  
www.TreeOfLifeTroupe.org

Deadline: July 1<sup>st</sup>, 2017  
(Applicants must be registered for camp for scholarship consideration)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Scholarships are given only on a financial need basis.* Please describe the circumstances of your situation on the back of this application, including the dollar amount requested to meet your need.

### Performance Experience:

	<i>Year</i>	<i>Play</i>	<i>Role</i>	<i>Stage Company</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Candidates may submit a more complete resume. Please list most recent plays here.

### Technical Experience:

	<i>Year</i>	<i>Play</i>	<i>Position</i>	<i>Stage Company</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Candidates may submit a more detailed resume. Please list most recent work here.

Please attach an essay regarding the following:

***How far would you go to help someone who was being bullied or taken advantage of? Why would it matter?***

*Please return your application to the address stated above by July 1<sup>st</sup>, 2017.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please list two people who can be contacted for reference:*

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_