

Drama Scholarship Application

Please fill out this form, attaching additional sheets if necessary.

Name:			_
Age:	Graduation Date: Social Security Number/Student ID:		Number/Student ID:
Address:			
City:		State:	Zip Code:
Phone Nur	nber:	(Home)	(Mobile)
Email Add	lress:		
On which	campus will you be attending	classes?	
Do you pla	an to live on the Hillsboro cam	ipus?	
Please outl	line your experience in theatre	arts, including all on sta	age and backstage work.
How do yo	ou feel you could contribute to	the Hill College Drama	Department and the Hill College Players?
What has t	heatre meant in your life? Ho	w has it been valuable to	o you as a person and a student?
Return the	completed application by May	y 10 (for fall semester) o	or November 1 (for spring semester) to:
		Hill College Drama L Attn: Jenny Corder	Department
		112 Lamar Drive	

Hillsboro, TX 76645