

Lebanon Community Theatre, Inc.
Kristin Troxel Memorial Scholarship Fund
Application

Personal Data

Name: _____ Date of Birth: _____

Home Address: _____
Street City State Zip

Home Telephone Number: _____ Marital Status: _____

Parent(s) or Guardian(s) Name(s) (If applicant is under the age of 21): _____

Parent(s) or Guardian(s) Annual Income: Less than \$50,000 \$50,000 to \$100,000 More than \$100,000

Number of children in family, excluding applicant: _____ Number of children enrolled in college: _____

Educational Data

High school attended: _____ Date of graduation or GED completion: _____

Additional Education or Arts Training (including dates of attendance or completion): _____

Special Honors, Awards and/or Recognition received: _____

College or University applicant is or will be attending (attach acceptance letter): _____

Major or field of study: _____ Estimated date of graduation: _____

Theater and Arts Data

Please list all or the last five shows that you have participated in at The Lebanon Community Theatre

Name of Show	Type of Participation (Actor, Stage Crew, Set Building, Technical, etc.)	Show Date (Month and Year)	Show Director

Please list additional theatre or arts experience (place, date, type of participation): _____

I, the applicant and the parent or guardian, by my signature below, verify that the foregoing facts are true to the best of my knowledge. Upon submittal, this application and the accompanying documents becomes the sole property of LCTI. Any information provided may be verified by the Scholarship Committee assigned by the Board of Directors of LCTI.

Applicant's Signature: _____ Date: _____

Parent's or Guardian's Signature: _____ Date: _____