



EMACT (Eastern Massachusetts Association of Community Theatres) Scholarship

Application Form

Name:

Address:

Phone:

Email:

Name of High School:

Name of College or University and Intended Major/Minor (Proof of registration at a college/university if possible and/or proof of acceptance is required) :

Theater experience between grades 9-12 (including, but not limited to volunteering, box office, set build/painting, design work, acting, directing, interning, or any aspect of volunteering that was meaningful to you).

Please list below or attach a resume.

Show	Role	EMACT Group	Year
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Signature

Date