

FOOTLIGHT PLAYERS, INC.
APPLICATION FOR ROBERT W. KOMENDERA THEATRE SCHOLARSHIP

FOOTLIGHT PLAYERS MUST RECEIVE THIS FORM NO LATER THAN MARCH 9TH!

COMPLETE NAME _____

COMPLETE HOME ADDRESS (mailing address if applicable) _____

E-MAIL ADDRESS _____

LIST ALL PHONE NUMBERS INCLUDING CELL _____

DATE OF BIRTH/AGE _____

HIGH SCHOOL: _____

OTHER: _____

LIST BELOW ANY FORMAL INSTRUCTION IN THE PERFORMING ARTS: (vocal/dance/instrument lessons)

LIST BELOW ANY THEATER HISTORY: (production/theater/type of involvement/professional or non)
(please limit to the last 5)

LIST 3 REFERENCES: (NAME/ADDRESS/PHONE NUMBER/E-MAIL ADDRESS for us to contact.)

1. _____

2. _____

3. _____

CONTINUED ON NEXT PAGE

ON THIS PAGE, IN 100 WORDS OR LESS, INFORM THE COMMITTEE WHY YOU FEEL YOU DESERVE AND/OR NEED THIS SCHOLARSHIP.

MAIL THIS COMPLETED APPLICATION NO LATER THAN
MARCH 9TH TO:

**FOOTLIGHT PLAYERS, INC
SCHOLARSHIP COMMITTEE
POB 46
MICHIGAN CITY, IN 46361-0046**