GLORIANA MUSICAL THEATRE SCHOLARSHIP APPLICATION

Name		
last	first	middle
Address		
City, State, Zip		
Phone		
Father's (Guardian's) Name		
Mother's (Guardian's) Name		
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Number of people in the family Family's annual gross income before taxes		or trade school next year
What type of school or college are you planniCommunity CollegeCommunity (•	chnical4-year College or University
Which schools have you applied to or plan to	attend? (Please list top 4 choices)	
What majors are you considering in the arts i.	e., lighting, tech, acting, singing, m	usic, etc.
Please list events, activities, and/or production	ns that you have been a part of with	Gloriana Musical Theatre.
Parent Signature Date	Student S	ignature Date