

# Northeast International Thespian Festival Scholarship Application

To apply for the NE Thespian Scholarship, complete and submit the following by **January 3, 2018**:

- Complete this two-page application.
- Attach a one-page essay on the importance of student leadership in an organization.
- Include a letter of recommendation from your Troupe Director or teacher.
- Ask your Troupe Director to sign this application.
- Discuss this opportunity with your parents and ask them to sign this application.
- Ask your Guidance Counselor to provide your GPA and to sign this application.
- Scan and email the completed application form and all attachments to:

Betty Lent  
Coe Brown Academy  
elent@coebrown.org

Scholarship Interviews will occur at NETF Friday, January 19, 2018. Scholarship recipients will be given the opportunity to serve on the NETF Student Leadership Board. You must be a Thespian to apply.

Applicant's Name: \_\_\_\_\_ Class of 2019 only

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Troupe Number: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Applicant's Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Year Initiated as Thespian: \_\_\_\_\_

I understand that this scholarship will provide the registration fee for attendance at the Thespian Festival held at the University of Nebraska, Lincoln in June 2018 and I will be expected to participate in leadership training. I am able to attend the Thespian Festival and already have a confirmed adult chaperone to accompany me.

Applicant's Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**MUST BE COMPLETED BY THE SCHOOL COUNSELOR:**

Applicant's Grade Point Average, based on a 4.0 scale (must have a least a 2.5): \_\_\_\_\_

Print Counselor's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Counselor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_