



**Friends of the Stark County District Library Little Theatre Troupe
Rising Star Scholarship Award**

APPLICATION FORM

The Friends of the Stark County District Library Little Theatre Troupe Rising Star Scholarship Award is an equal opportunity award. There will be no discrimination on the basis of race, color, religion, sex, national origin and ancestry.

Personal Information:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____

Post Secondary Education Program Attending:

**Little Theatre Troupe Performance Experience (list production name and year):
(Attach additional sheet if needed)**

Little Theatre Troupe Production Volunteer Experience (list production name, year and your role):
(Attach additional sheet if needed)

Little Theatre Troupe Special Program Participation (list name of program, year and your role):
(Attach additional sheet if needed)

Write a paragraph about your Little Theatre Troupe experience. Please include why it was important to you, what you learned and how your participation will benefit you in your post secondary education.
(Attach additional sheet if needed)
