

The Galion Community Theatre

Amount: \$1,000

Scholarship Information

Eligibility: Recipient must have been a participant (actor, musician, member of stage or technical crew) in two or more productions of the Galion Community Theatre during their middle/high school career. In addition, the applicant must pursue either a two-year or four-year academic program in college or be enrolled in a trade school. Recipient must display proof of financial need. Preference is given to students who are pursuing a degree in a theatre or arts-related program. Preference is also given to students with extensive experience at GCT.

Selection: Completed application, three letters of recommendation, a current transcript, and an activity sheet should be turned in to Galion Community Theatre no later than May 1, 2025. You may mail your application to the theatre, or email the required information to gctheatre@live.com. Applications received after this date will not be considered. Applications will be evaluated by a sub-committee of the Galion Community Theatre Board of Directors, and the recipient will be notified no later than May 8, 2025.

Send completed application to:

Scholarship Committee
c/o Galion Community Theatre
P.O. Box 883
Galion, OH 44833

The Galion Community Theatre
Scholarship Application

I. GENERAL INFORMATION

Name _____

Home address _____

Phone number _____

Parent/Guardian _____

Home Address _____

Phone number _____

Number of siblings (please include name, age, and grade level.)

II. EDUCATIONAL INFORMATION

What college/trade school do you plan to attend next year? _____

Have you been accepted? (circle one) yes | no

What is your intended major? _____

Have you applied for or will you be receiving any other grants or scholarships?
(circle one) yes | no

If so, how much? _____

III. ACTIVITIES

Please be sure to submit your transcript **and** activity sheet along with this application.

IV. REFERENCES

List the names, addresses, and phone numbers of the three people who will be submitting letters of recommendation on your behalf.

References from family members will not be considered.

1.

2.

3.

V. FUTURE PLANS

Please briefly describe your plans for college/trade school and your future occupational objectives. Include any information which you feel would be helpful to the committee in assessing your financial need.

VI. THEATRICAL EXPERIENCE

Please list your GCT theatrical experiences, as well as theatrical experiences outside of our theatre.

VII. SIGNATURE

Please sign and date below.

Sign: _____

Date: _____