



The Carroll Players Scholarship Application

**This application must be returned by April 15th to:
The Carroll Players, P.O. Box 523, Westminster, MD 21158**

Name: _____ High School Attending: _____

Address _____

Phone Number and E-Mail Address _____

College *and* Degree Choice _____

Have you been accepted to this college? _____

Are you applying for any other scholarships? If so, which ones? _____

Please provide a short essay on what makes you the best candidate to receive this scholarship and how it will assist you in your college career. Please attach a separate sheet.

Briefly describe your academic achievements. Please attach a separate sheet.

List one personal reference, one educational reference and one theatrical reference (Three letters of recommendation should be attached):

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Your Signature

Date