



**North Georgia Community Players
2016-2017 Sue Boshart Memorial NGCP Scholarship**

The North Georgia Community Players will award a \$500.00 Scholarship to a student graduating during the 2016-2017 school year. This application must be filled out completely and mailed by May 16, 2017 to: NGCP, PO Box 643, Clayton, GA 30525.

- The candidate must have been involved with one or more NGCP productions.
- The candidate must be a resident of Rabun County or adjacent county.
- The candidate must commit to attend an institution of higher education (accredited by an appropriate body).

Name: _____ Home Phone: _____

Address: _____

_____ DOB: _____

School Name: _____ Diploma Type: _____

What schools have sent letters of acceptance to you? _____

List your prospective colleges/schools:

List the NGCP production(s) you were involved in. _____

Describe your other theater experiences: _____

Describe your involvement in extra-curricular activities (school clubs, sports, church or scouts) _____

Describe your leadership positions and volunteer activities: _____

Do you have other scholarships secured? Yes _____ No _____ If yes, name them:

If awarded, how would you use the scholarship?

What are your educational goals?

What are your career goals? _____

How has your NGCP theater experience affected your life? (**Attach a handwritten 1 page essay**)

You must have two or more letters of recommendation. Each must be in a sealed envelope or sent directly by the writer to NGCP, PO Box 643, Clayton, GA 30525.

The scholarship funds will be available upon receipt of a copy of the acceptance letter from the institution you will be attending.

I, _____, submit this application to NGCP in order to obtain a post-secondary education scholarship and verify that everything contained within it is accurate and truthful. If awarded and I do not attend a post-secondary school in the fall, I will return the scholarship money to NGCP.

Signature of applicant

Date

Signature of parent (if under 18)