



The Little Theatre of Fall River, Inc. 2018-19 Scholarship Application

\$1,000 Little Theatre Scholarship

Applicant's Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

College/University you will attend in Fall 2018 _____

High School or College you are currently attending _____ Class Rank _____

Cumulative Grade Point Average _____ or college GPA _____

1. **On a separate sheet**, list, chronologically, your and your parents' activities/experiences with Little Theatre of Fall River.

2. **List here** your high school or college activities and memberships, by year.

3. **List here** your community activities.

Please mail this completed application, along with the required materials to:
Little Theatre of Fall River, Inc.
Little Theatre Scholarship Committee
Attn: Maryann Goulart
P. O. Box 1282, Fall River, MA 02722.

All application materials must be received by Little Theatre by May 1, 2018