



**CINCINNATI MUSIC THEATRE**  
**Scholarship Application – 2015**

Complete application form and return to: **Cincinnati Music Theatre,  
c/o Kathy Kramer, Scholarship Chair  
8712 Rupp Farm Dr.  
West Chester, Ohio 45069**

**FILING DEADLINE IS May 5<sup>th</sup>, 2015**

Name \_\_\_\_\_  
(First) (Middle initial) (Last)

Current Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Email Address: \_\_\_\_\_

**Area of Concentration (check one):**

**Performance**

**Technical/Stage Craft**

**COLLEGE/UNIVERSITY INFORMATION** (Please indicate below the colleges/universities to which you have applied and been accepted (if known at this time).)

Accepted: Yes / Not Known at this time

Accepted: Yes / Not Known at this time

**INTENDED MAJOR at WHAT COLLEGE**

**EDUCATION** (Complete the following - resumes may be attached but will not be accepted in lieu of a completed application form)

High School(s) (where/when attended, graduation date):

High School G.P.A. (w/ guidance counselor verification): GPA= \_\_\_\_\_ out of 4.0.

“I certify that the GPA quoted above is accurate.”

Signature of Counselor

Name of High School

Telephone Number

Date

Other Pertinent Academic Experience (include other training programs, apprenticeships, etc) and when:

Performance or Stage Craft Training (specify teacher(s) or coach(es) and when:



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**THEATRICAL EXPERIENCE** (Please complete this section - resumes should be attached for additional information only)

Work Performed

Responsibility/Role & Language

Where Performed/Year

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List Complete Performance/Stage Craft Work Prepared – Not Yet Performed (Include Language):

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Other High School Activities and/or Volunteer/Community Service Activities:

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**Your check list:**

- \* **Completed application**
- \* **Up-to-date biography and/or resume (optional)**
- \* **Portfolio (if applicable)**

**Signature (required)**

I affirm that the information provided above is an accurate representation of my education, background and experience. Further, I have read and understand the CMT Scholarship Program application, award criteria, and audition requirements.

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Signature

Date

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**Scholarship Committee Use Only**

Date Received: \_\_\_\_\_ Audition/Interview: (Y/N) \_\_\_\_\_