



CINCINNATI MUSIC THEATRE
Scholarship Application – 2022

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

FILING DEADLINE IS April 22, 2022

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."

In lieu of a signature, an email from the counselor with this information will be accepted.

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:



CINCINNATI MUSIC THEATRE
Scholarship Application – 2022

THEATRICAL EXPERIENCE (Please complete this section - resumes may be attached)

Table with 3 columns: Work Performed, Responsibility/Role & Language, Where Performed/Year. Includes multiple horizontal lines for text entry.

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

Two horizontal lines for text entry.

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

Three horizontal lines for text entry.

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.

Signature

Date

Scholarship Committee Use Only

Date Received: _____ Audition/Interview: (Y/N) _____