



*David Lewis Memorial
College Scholarship Program
Application*

Date:	_____				
Last Name:	_____	First Name:	_____	M / I:	_____
Address:	_____				
City	_____	State:	_____	Zip Code:	_____
Home Phone:	_____	Cell Phone:	_____		
Date of Birth:	_____	Email Address:	_____		
Current High School or College:	_____				
Address:	_____				
City	_____	State:	_____	Zip Code:	_____
Where you intend to use this scholarship: "Specify School Name"	_____				
Current GPA:	_____	SAT / ACT Scores:	_____		
<i>Please provide copies of your current Grade Point Average and SAT / ACT Scores</i>					

Theatre Name or Theatre Company where you or a parent or guardian are employed:					
Theatre / Company	_____				
City	_____	State:	_____	Zip Code:	_____
Work Phone:	_____	Cell Phone:	_____		
Theatre Managers or Supervisors Name:	_____				
How many years of employment at theatre or with the company:	_____				
Position at Theatre or within Theatre Company:	_____				

Parent's / Guardians Occupations:

Father: _____ Place of Employment _____

Mother: _____ Place of Employment _____

Other: _____ Place of Employment _____

Annual household income (COMBINED): \$ _____

Note: Household income may need to be verified

Do you or your family receive any type of extra benefits or income? yes or no _____

If Yes, please explain: _____

Applicant's Signature: _____