THEATER SCHOLARSHIP APPLICATION

Social Security Number or A Number			Date of Application	
Name: (Last)	(First)		(Middle)	
Present Address (Street, City, State, Zip Code)				
Permanent Address (If Different From Above)				
Area Code & Phone No. (Cell)		Area Code & Phone No. (Home)		
Email				
Name of High School		Date Graduated		
Father's Name	Occupation		Employer	
Mother's Name	Occupation		Employer	
If Married, Spouse's Name	Occupation		Employer	
Do you currently work?	Employer		Intended Major	
List an scholarship and or financial, veteran's benefit will you have the Scholarship and or Financial Aid r	4	ty you receice	ent	
Do you wish to apply for a specific scholarship		If so, which one?		
Do you plan to attend a senior college?	When?		College?	
In the space below, please give any further details you desire or which you feel would be essential in our selection process including theatre experience. (Use reverse side of form if extra space is needed). Attach a copy of all transcripts, a copy of your current semester schedule and three (3) recommendation forms (provided).				
My signature below gives my permission to the Fina selection process.	ncial Aid Office	to show the information on thi	s form to any person involved in the	
Signature	nature Date			





Return to: Tyler Junior College Theatre Dept. P.O. Box 9020, Tyler, TX 75711

Mission Statement: To provide a comprehensive collegiate experience that is anchored in the rich traditions of a quality education, vibrant student life and community service. Accreditation: Tyler Junior College is accredited by the Commission on Colleges of the Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Tyler Junior College. Tyler Junior College gives equal consideration to all applicants for admission, employment and participation in its programs and activities without regard to race, creed, color, national origin, gender, age, marital status, disability, veteran status or limited English proficiency (LEP).