



2024 – 2025 SEASON
AMY BENNETT FOUNDATION MEMORIAL SCHOLARSHIP APPLICATION

Dear Scholarship Applicants and Parents,

Through the generosity of the Amy Bennett Foundation, one (1) scholarship of \$500 for use towards any of the 2024 - 2025 Season Productions is being offered to a deserving recipient who is in grades 7 - 12.

Please carefully review and complete the following application to be considered for scholarship (incomplete applications cannot be considered). Please note that scholarship award may only be applied to the direct cost of 2024-2025 Season Production Fees of the recipient and may not be applied to SCT merchandise, other products, or services, or other productions or educational fees. *Eligibility note: Applicant must not be related in any way to a board member of Starlight Community Theater.*

All applications must be received no later than 4 pm Friday, August 23, 2024 and will be announced on or before September 30, 2024.

Steps:

1. **Applicants:** Complete Applicant's Information page by writing or typing your answers in the spaces provided.
2. **Parents/Guardians:** Complete Parent(s)/Guardian(s) Information pages by writing or typing your answers in the spaces provided.
3. Sign, date and return all the pages to Starlight Community Theater/The Amy Bennett Foundation to be received by 4 pm Friday, August 23, 2024.
Via email (scan): info@starlightcommunitytheater.com



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Applicant’s Information for Scholarship Application
Please Print

Today’s Date:
Applicant’s Full Name:
School Currently Attending:
Applicant’s Age: Birthdate: / / Grade Fall 2024:
Direct phone number:
Email address:
Mailing Address:

Have you participated in any Starlight Community Theater’s Productions before, and if so, what year(s), what production(s), and in what capacity/capacities? (You may attach your Theatre Resumé)

Please list any personal private training you have and/or currently receive in acting, music, and dance:

Please share in **150** words why you should be awarded this scholarship and what drama, music, and dance mean to you and your life: (You may attach your response if the space below is not sufficient.)

Applicant Signature **Date Signed**



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Parent(s) or Guardian(s) Information for Scholarship Application

Please Print

Mother's Name:	Cell Phone Number:
Email Address:	
Father's Name:	Cell Phone Number:
Email Address:	
Address of Mother:	
Address of Father:	

I have completed all requested application information accurately and to the best of my ability.

Parent(s) Signature(s):

Date Signed: _____

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info@starlightcommunitytheater.com