

The Smiles and Frowns Playhouse
Andrea Croskery Scholarship

1. Deadline is January 31st.
2. Refer to criteria below for eligibility requirements and necessary supporting documents needed.
3. Fill out application completely. Incomplete applications will not be considered. (The application packet is available online at www.smilesandfrowns.org under the news tab.)
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified in March if your application is chosen.
6. If you have any questions about the application process, please email Smiles and Frowns Playhouse at info@smilesandfrowns.org.

Purpose: Annual award to graduating senior student participant of Smiles and Frowns Playhouse who intends to pursue higher education.

The award amount will be set by the board at the first meeting of the calendar year not to be less than \$500. Recently the amount has been \$1000. If no student qualifies for the scholarship, no award will be given that year. The scholarship will be awarded to only one graduating senior and must be used during their first year of higher education. The scholarship is open to any graduating senior who meet the requirements regardless of their intended major.

Award Criteria

Applicant must be a high school senior and been involved in at least 3 Smiles and Frowns Playhouse productions as a member of the cast or crew.

Letter of recommendation (This should be in an envelope with the signature of the writer of the letter written across the sealed closure of the envelope. Letters from family members, current members of the Smiles and Frowns Playhouse Board of Directors, the current artistic director, or Andrea Croskery are not acceptable as letters of recommendation.)

Copy of High School Transcript

Essay (250 words minimum) focused on what your experience with Smiles and Frowns taught you and how those experiences will benefit you in the future.

An interview with the selection committee may be scheduled.

The Andrea Croskery Smiles and Frowns Playhouse Scholarship
Application

Biographical Information

NAME:(First)_____ (MI)____ (Last)_____

DOB: _____

ADDRESS: _____

City_____ State_____ Zip_____

TELEPHONE(Home)_____ (cell)_____

PARENT: (Father)_____

ADDRESS:(If different from above)_____

City_____ State_____ Zip_____

TELEPHONE(Home)_____ (cell)_____

PARENT: (Mother)_____

ADDRESS:(If different from above)_____

City_____ State_____ Zip_____

TELEPHONE(Home)_____ (cell)_____

COLLEGE OR SCHOOL TO BE ATTENDED: _____

LOCATION: _____

Educational Background

HIGH SCHOOL _____

LOCATION _____

EXPECTED DATE OF H.S. GRADUATION _____

HIGH SCHOOL CUMULATIVE GPA: _____ on a scale of _____

Participation in Smiles and Frowns Productions

Please list the names of the plays, the dates of the productions (month and year) and your role or participation. A minimum of three(3) is required to be considered for the scholarship but you should list all. Use the back if you need more space.

Other extra curricular activities and dates of participation:

Honors & Awards

Academic Honors

Activities/Sports Honors

Other Noteworthy Honors

Special Consideration (e.g. death of a parent/guardian, disability, other unusual expenses or circumstances, etc.)

Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Andrea Croskery Scholarship or Smiles and Frowns Playhouse.

I hereby understand that is chosen as the scholarship winner, I must provide evidence of enrollment/ registration in an institution of higher learning before my funds can be awarded.

Signature of scholarship applicant: _____

Date: _____