

Roxy Regional Theatre



Spring 2024 GFWC Clarksville Women's Club Scholarship Form

Student's Name _____

Student's Age _____ Student's Grade _____

Guardian's Name _____

Guardian's Relationship to Student _____

Email Address _____

Phone Number _____

Do you have any experience with Theatre/the Performing Arts? ____YES ____NO

If Yes, please briefly describe: _____

If you were to receive a Partial Scholarship rather than a Full Scholarship, would you still be able to participate in the Spring 2024 Semester of the Roxy Regional Theatre's School of the Arts Program? ____ YES ____ NO

Please attach a letter describing your interest in theatre and what participating in the School of the Arts program and being able to perform in a mainstage musical would mean to you. Please also explain how a lesser scholarship amount, if awarded, would be helpful and/or what impact would be had if it were not granted.