

The Richard & Darlene Garand Memorial Scholarship Application 2017

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

High School: _____

Graduation date: _____

Grade Point Average: _____



What major and minor will you pursue in college?

Where will you be enrolled this coming fall?

Briefly describe your past drama experience.

List your past involvement with Oregon Community Theatre.

Signature of student

Signature of parent

Date

Mail by February 28, 2017
to:

Scholarship Committee
Oregon Community Theatre
P.O. Box 167547
Oregon, OH 43616