

# Mississippi Thespian Scholarship Application

Name		Date of Birth	
	Last, First, Middle Initial		Month/Day/Year
Address		Telephone	(    ) (Area code) Number
		Cell Phone	(    ) (Area code) Number
	Street, City, State and Zip code		

High School (school you are currently attending)		GPA		
			Your GPA	Possible
	Class Rank			
		Your Rank	Class Size	
Name and Address				

College (where you have been accepted and will attend next year)		Intended Major	
	Name and Address		

Extracurricular Activities	Organization	How Long?	Offices Held	

Community Volunteer Activities	Organization	How Long?	Position	

Work Experience	Employer	How Long?	Position	

Awards, Honors and Distinctions	Organization	Year	Award	

Additional Information  
(Optional)

Please mail the completed form to:

Roger D. Leach, Director  
Mississippi Thespians  
1000 Gerard Avenue  
Quincy, IL 62305