



OHIO COMMUNITY THEATRE ASSOCIATION REQUIREMENTS FOR COLLEGE SCHOLARSHIP 2021

OCTA will be awarding undergraduate scholarships, number and amount not determined yet. To be eligible for one of the OCTA college scholarships, you must meet the following criteria:

- A. Student must be accepted into an accredited post-secondary program for the 2021-2022 school year.
- B. Student must be a member or a child of a community theatre member, or a theatre major in school.
- C. Student must complete the Ohio Community Theatre Association Application for College Scholarship.
- D. Student must enclose a transcript from the last four years of education.
- E. Student must enclose two letters of recommendation: one from a teacher, drama director, religious leader or other person in the education field, and one from a person directly involved in an Ohio Community Theatre Association member theatre.
- F. Student must submit a paper answering the following questions and limiting your response for all three questions to one page:
 1. What are your future goals for involving theatre, including community theatre, in your life?
 2. How will your education enable you to reach these goals?
 3. If your major is not theatre-related, how will you use your major to benefit theatre?

Please send all information by May 1, 2021 to:

Ohio Community Theatre Association
Aara Wise, Administrative Assistant
464 Sherwood Downs Road South
Newark OH 43055
octa1953@gmail.com

Awardees will be notified by July 25, 2021 and announced at the OCTA Annual Conference on Labor Day weekend.



OHIO COMMUNITY THEATRE ASSOCIATION APPLICATION FOR COLLEGE SCHOLARSHIP

NAME: _____ DATE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: DAYTIME () _____ EVENING () _____

NAME OF HIGH SCHOOL: _____

ADDRESS OF HIGH SCHOOL: _____

HIGH SCHOOL GRADE POINT AVERAGE: _____ YEARS ATTENDED: _____

COLLEGE ATTENDED PREVIOUSLY (IF APPLICABLE): _____

GRADE POINT AVERAGE (IF APPLICABLE): _____

AWARDS OR HONORS RECEIVED: _____

EXTRA CURRICULAR ACTIVITIES: _____

COLLEGE YOU WILL ATTEND IN THE FALL: _____

ADDRESS: _____

MAJOR: _____ YEAR (FR., SOPH., ETC.): _____

EMPLOYMENT RECORD (IF ANY): _____

LIST ALL OHIO COMMUNITY THEATRE ASSOCIATION MEMBER THEATRES
YOU OR YOUR FAMILY ARE AFFILIATED WITH: _____

REGION: _____

- I AM: 1) A MEMBER OF AN OHIO COMMUNITY THEATRE ASSOC. THEATRE
2) A CHILD OF A COMMUNITY THEATRE MEMBER
3) A THEATRE MAJOR

PLEASE SEND A 5 x 7 PICTURE WITH APPLICATION

(Please use back if more space is needed)