

The Smiles and Frowns Playhouse  
Andrea Croskery Scholarship

1. Deadline is January 31st. .
2. Refer to criteria below for eligibility requirements. Refer to application process below for a list of the supporting documents needed. Incomplete applications will not be considered.
3. Type or print legibly. Illegible applications will be returned to you. You may also download a copy of the application online at [www.smilesandfrowns.org](http://www.smilesandfrowns.org).
4. You will be notified by mail in April if your application is chosen.
5. If you have any questions about the application process, please email Smiles and Frowns at [info@smilesandfrowns.org](mailto: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 exceed 10% of funds available at that meeting. A minimum of \$500 will be awarded. In years where \$500 exceeds the 10% cap, no scholarship will be awarded. 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 productions (cast or crew).

Letter of recommendation (This should be in a sealed envelope with the signature of the writer on the seal. Letters from family members, current members of the Smiles and Frowns Board of Directors, or Andrea Croskery, are not acceptable).

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: \_\_\_\_\_