

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 Playhouse 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.

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Other extra-curricular activities and dates of participation:

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**Honors & Awards**

Academic Honors

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Activities/Sports Honors

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Other Noteworthy Honors

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Special Consideration (e.g. death of a parent/guardian, disability, other unusual expenses or circumstances, etc.)

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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: \_\_\_\_\_