## UCA THEATRE PERFORMANCE SCHOLARSHIP APPLICATION Future Students

(This application is for entering freshman or transfer students.)

Name (First Middle Last):		
UCA ID (if assigned):		
Address:		
City, State, Zip:		
Phone:	Email:	
Er	ntering Freshman	n
High School:		
High School Location (City/State):	·	
Graduation Date:	GPA:	ACT Score:
7	Transfer Student	
Previous College Attended:		
Previous College Location (City/St	tate):	
UCA Enrollment Date:	GPA:	ACT Score:
The following items are required f	for this scholarshi	p.
Current Resume		
Letter of Application		
Statement of Financial Nee	d	
Letter(s) of Recommendati	on: may be mailed s	separately by the teacher(s)
Audition/Material Presenta	ations Date	
Applications for Admission	n to the Universit	y of Central Arkansas should be
sent directly to the Office o	f Admissions.	
I have read the UCA Theatre Perform this scholarship is dependent upon receiving the recommendation of the	n applicants meeti	ng all qualifications required and
Signature of Applicant:		Date:

**Spring 2017 application is due Thursday, November 17, at 4:30 pm.**This application should be returned to Melissa Kordsmeier, Theatre Business

Manager at <u>mkordsmeier@uca.edu</u> or by mailing it to the address below.

UCA Theatre: P.O. Box 4942: Conway, AR 72035-0001: (501) 450-5092