

UCA THEATRE PERFORMANCE SCHOLARSHIP APPLICATION
Entering Students

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

Name (First Middle Last): _____

UCA ID (if assigned): _____ Major/Minor: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Upcoming Freshman

High School: _____

High School Location (City/State): _____

Graduation Date: _____ GPA: _____ ACT Score: _____

Transfer Student

Previous College Attended: _____

Previous College Location (City/State): _____

UCA Enrollment Date: _____ GPA: _____ ACT Score: _____

The following items are required for this scholarship.

Cover Letter

Current Resume

Statement of Financial Need Form

Letter(s) of Recommendation: *may be mailed separately by the teacher(s)*

Audition/Material Presentations Date _____

Applications for Admission to the University of Central Arkansas should be sent directly to the Office of Admissions.

I have read the UCA Theatre Performance Scholarship requirements and understand that this scholarship is dependent upon applicants meeting all qualifications required and receiving the recommendation of the Theatre Scholarship Committee.

Signature of Applicant: _____ Date: _____

This application should be returned to Melissa Pearson, Theatre Business Manager at melissap@uca.edu or by mailing it to the address below.

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

(Entering App : Revised July 2018)

Statement of Financial Need Form

Please list any scholarships, grants, or financial funding you may receive next semester. The total will be calculated automatically if numbers are listed as whole numbers; do not include dollar signs (\$) or commas (.).

| Scholarship/Grant/Funding Title | Amount |
|---------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

Additional statement if necessary: