## APPLICATION FORM 2024-2025 ROBERT G. & MARY ELEANOR ANDERSON SCHOLARSHIP

Applicant's	Name
Address Str	eet
	Zip
Telephone n	umber
	guardians' name and address
High School	(s) attended
Date of High School graduation	
College or university which you will be attending (or are attending)	
Anticipated date of college graduation	
1. Th 2. A 3. A wh	e to submit the following items (as noted in the Scholarship Announcement): its application form. resumé which specifies your theatre experience. 200-300 word (typed) essay which explains your interests in theatre and reasons y you have chosen to pursue an undergraduate degree in theatre.  e name and address of the financial office of the institution you plan to attend:
Please be sur committee.	e that your two references have mailed their recommendations directly to the scholarship
All scholarsh	ip application materials and recommendations must be received by Saturday, May 4. 2024.
Mail to:	Anderson Scholarship Committee Mrs. Paula C. Mabry 109 Dover Court Starkville, MS 39759 paula.mabry@gmail.com