Drama Scholarship Application Form



Minimum Requirements

2.75 grade point average.

Due: Wednesday, April 15, 2020 by 4 pm

Proof of enrollment in at least 6.0 units in the Drama program in the 2019-2020 academic year. Proof that you have completed at least 15 units of credit courses at COM. Be a student in good standing.

I. Academic Performance/Persistence

COM Major:					Expected Graduation	SP	FA 20	
Current GPA	If transferrin	g next year, wł	nere will yo	ou go?_				
Check Academic goal:	Degree	Transfer	Job trai	ning	Lifelong Learning	Р	ersonal Enrichme	nt
Are you currently enrolle	ed in a COM N	lusic class?	Yes	No				

II. Goal Statement: One page

Describe your academic activities, honors, community service, and volunteerism in the COM Drama Program or related areas over the past 9 months. Please answer the question "Why should the COM Drama Scholarship Fund invest in you?" And please describe how you are planning to continue your studies either at COM or beyond. *Single-page statement must be typed!*

III. Financial Need

Estimate your Expenses and Resources for August 2020 to May 2021.

Expenses at the Col	lege you will attend:	Expected Inco	ome	
Tuition & Fees	\$	Aid from pare	ents/relatives	\$
Rent & Utilities	\$	Financial Aid		\$
Food	\$	Your earned i	ncome	\$
Books & Supplies	\$	Spouse's earn	ed income AFDC,	\$
Transportation	\$	SSI, other ben	efits Child and/or	\$
Child Care	\$	Spousal Suppo	ort Other	\$
Other	\$	Income		\$
TOTAL	\$	TOTAL		\$
Current Employer:		Position:	Hrs/Wk:	Salary/Month:

IV. Contribution to Drama Program-Indicate a 1 for each activity in which you participated in 2019-2020

Stage Manager	Dramaturg
Assistant Stage Manager	Run Crew
Assistant Director	Board Operator
Assistant Designer	Hair/Makeup
Designer	Dresser
Role in a show	Strike for show you are NOT IN
Usher/Concessions	Drama Club member
Costume Call	Drama Club BOARD member-2 points
Paint Call	Number of Drama classes this year
Choreographer	Attended # of Brown Bag Shows
Number of VOLUNTEER hours not associated with class. Describe in Goal Statement	OTHER:
	TOTAL:

V. Contact Information: please print clearly

NAME:			MOO#		
	LAST	FIRST			
ADDRESS					
	# STREET	APT. #	CITY	STATE/ZIP	
PHONE NUMBER ()	Email			
Do you live with a parent or other adult relative? (Do not include your spouse) yes no					
SIGNATURE			DATE		

(can be typed if completing this form digitally)

VI. STATEMENTS:

California law stipulates that scholarships must be made available to all students on an equal basis. The Marin Community College District is committed by policy not to discriminate on the basis of, or the perception of, race, ethnic group identification, ancestry, color, religion, age, gender, national origin, sexual orientation, disability (mental or physical), marital status, medical condition (cancer, genetic characteristics, or pregnancy), and status as a veteran, in any of its educational and employment programs and activities, its policies, practices, and procedures.

College of Marin students seeking instruction-related disability accommodations should contact the SAS Office, (415) 485-9406.

In order to qualify for a scholarship, you must be a student in "good standing" (which means you have paid your college bills up until now). To confirm your status, your application will be reviewed by the Admissions and Records Office.

To ensure there is no "overpayment" to students, all scholarship applications and awards must be approved by Enrollment Services

I give the Scholarship Committee(s) permission to review my academic record.

I authorize that my name may be printed in the PROGRAM, and announced at the Drama Awards Banquet.

If I am selected as a scholarship recipient, I will write a letter of thanks to the donor of the scholarship within one week following the Banquet.

I have read the above statements and agree.

INITIAL HERE

Application Check List

Completed Application Form: Incomplete applications may not be considered.

Unofficial Transcript showing drama courses, units, and GPA: printed from Moodle after March 1st.

One Page Goals Statement: Typed

Initial acknowledgement and understanding of Statements in Section VI. above

APPLICANT NUMBER

FOR OFFICE USE ONLY