

Orchard Performing Arts Co., Inc.

MARIETTA ADAMS MEMORIALSERVICE AWARD APPLICATION

Contact Information

Name	Date:
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
	HIGH SCHOOL SENIOR
Name of High School	
School Address	
School Phone Number	Phone:
Guidance Counselor	Phone:
Drama Coach	Phone:

COLLEGE OR CONSERVATORY STUDENT

<input type="checkbox"/> Accepted	NAME OF INSTITUTION
<input type="checkbox"/> Attending	
Major/Area of Interest	
Year in college	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Advanced

WHAT MUST BE INCLUDED IN YOUR APPLICATION PACKET

1. This contact information sheet.
2. Resume detailing your theatrical achievements (2 page maximum)
3. Detailed statement of your participation as a volunteer for OPAC at Apple Hill Playhouse,
4. Two (2) references attesting to your worthiness for this scholarship and their contact information.
5. Proof of acceptance into an accredited program of higher learning or proof of your ongoing participation in an accredited program of higher learning.
6. Listing of other performing or technical arts programs that you participate in and your activities in those programs
7. List of other organizations, activities in which you participate

Mail completed application to:
Scholarship Committee
OPAC at Apple Hill Playhouse
PO Box 270
Greensburg, Pa. 15601