



Friends of Theatre Scholarship

DATE: _____

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

EMAIL: _____

ADDRESS: _____
(Street) (City/State) (Zip Code)

PHONE NUMBER: _____ E NUMBER: _____

ACADEMIC INFORMATION

INCOMING CLASSIFICATION: FR SO JR SR TRANSFER

PREVIOUSLY ATTENDED UNIVERSITIES: _____

TRANSFER GPA: _____

HIGH SCHOOL: _____

GPA: _____ ACT: _____ SAT: _____

ETSU ADMISSION STATUS: Pending Accepted

EXPECTED ENTRY DATE: _____

INTENDED ACADEMIC MAJOR: _____

CAREER OBJECTIVE: _____

NOTE: SCHOLARSHIP AWARDS ARE CONTINGENT UPON REGULAR ADMISSION TO EAST TENNESSEE STATE UNIVERSITY. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.