Jackson State University	DEADLINES:	March 14 for Fall Semester
Dept. of Speech & Theatre		October 1 for Spring Semester
JSU Box 17126		
Jackson, MS 39217		
Or Submit to Department Chair in the Main Of	fice (Rose McCoy	Auditorium Rm 100)

SCHOLARSHIP APPLICATION

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PERMANENT ADDRESS ZIP CODE	CITY	STATE				
LOCAL ADDRESS: ZIP CODE						
PHONE: ()	E-MAIL:					
CLASSIFICATION: (check) Mississippi RESIDENT NEIGHB(INCOMING FRESHMAN TRA FRESHMAN SOPHOMORE _	ORING STATE (AL., LA.) (NNSFER STUDENT SENIOR SENIOR	DUT OF STATE RESIDENT				
HOURS COMPLETED (including current semester at JSU): CURRENT GPA: ACT/SAT/GRE SCORE:						
PROGRAM OF STUDY: (check one) INTEREST Dance Arts Administration Design/Technology Performance Playwriting) B.A . Theatre B.A. Speech	h				
SCHOLARSHIP HISTORY: 1. Have you previously received a schor Yes No Award Amount 2. Have previously received a scholarsh Yes No Award Amount 3. Will you apply for need-based scholarsh 4. Will you apply for merit-based scholarsh 5. Will you apply for external sources of	Semester/Year hip from Jackson State University Semester/Year arships? YesNo larships? YesNo	Department of Speech & Theatre?				
SPEECH & THEATRE/DANCE EX form. Include years of experience, and		everse or attach a resume to this				
DEPARTMENT NOTICE : I understa scholarship I must declare a Speech/Th Theatre major, will audition for (and ta	eatre Major, register for a minim	um of 12 credit hours and if I am a				

SIGNATURE OF APPLICANT _____ DATE _____

For Office Use:	Award Amount:	Source:	Major:	Hours Registered:	O/S Waived?