



ARCHBISHOP RYAN MUSIC THEATER SCHOLARSHIP APPLICATION

Please print clearly

NAME _____ DOB _____

PRESENT SCHOOL _____

PARENT CELL _____ STUDENT CELL _____

STUDENT EMAIL _____

PARENT EMAIL _____

ADDRESS _____

(Please list all shows & productions)

THEATER/MUSICAL & VOCAL EXPERIENCE: _____

DANCE TRAINING/EXPERIENCE: _____

Please tell us what you will be performing today and why you want this scholarship:

Do not write below this line

VOCAL

DANCE

READING