

ST. OLAF COLLEGE

For more information regarding Theater scholarships
contact: theater@stolaf.edu • 507-783-3240

Theater Scholarships

CONTACT INFORMATION: Use your full legal name

First/Given Name	Middle Name	Last/Family Name	Preferred Name	Date of Birth
------------------	-------------	------------------	----------------	---------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Home Telephone (Area Code)	Alternate/Cell Telephone with Area Code	Email Address
----------------------------	---	---------------

PLEASE INDICATE WHETHER YOU ARE:

- A prospective non-theater major applying for a theater scholarship
- A prospective theater major applying for a theater scholarship

INDICATE YOUR APPLICATION STATUS:

- First Year Student: High School_____
- Transfer Student: Current college or university_____
- Current Major_____

APPLICATION QUESTIONS

Why are you interested in the Theater program at St. Olaf College?

Answer ONE of the following questions

Have you had a significant mentor in theater? If so, briefly describe that experience.

Is there a significant theater event or production that you have attended that made a lasting impression on you? Please describe.

The applicant's signature certifies that all information in this application is true and correct.

Student Signature

Date