Theatre and Dance Department Boutwell Dramatic Arts 205 MTSU P.O. Box 43 Murfreesboro, TN 37132 (615) 898-2640

Applicant Information



Theatre Scholarship Application Form Incoming Freshman/Transfer Students

| Full Name | | | |
|---|--|--|--|
| | | | |
| Current School: | | | |
| School(s) contact information to verify G.P.A | | | |
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| G.P.A. (cumulative): | | | |
| Expected Graduation | n Date: | | |
| Scholarship(s) to wh | ich you are applying: | | |
| | | | |
| Reference Informati | on | | |
| | | ong with letters of recommendation | |
| ricase list flattic, reli | thonship, and contact information ar | ong with letters of recommendation | |
| | | | |
| Name: | Relationship: | Email: | |
| Name: | Relationship:Relationship: | | |
| Name: Name: Name: | Relationship:Relationship: | Email: Email: | |
| Name: Name: Name: | Relationship:Relationship: | Email:Email:Email:Email:Email:Email:Email:Email: | |
| Name: | Relationship:Relationship: Relationship: Relationship: | Email:Email:Email:Email:Email:Email:Email:Email: | |
| Name:Name:Name: | Relationship: Relationship: Relationship: Relationship: St be completed for your application | Email:Email:Email:Email:Email:Email:Email:Email: | |

*** Submit scholarship application documents, including video submissions as called for, via email to Scott.Boyd@mtsu.edu with the subject line: Scholarship Application 2024-2025 academic year. If applying for more than 1 scholarship, send each application in a separate email specifying the scholarship to which you are applying. If you've any questions, contact Scott.Boyd@mtsu.edu