



SCHOLARSHIP APPLICATION FORM

ROBERT PORTERFIELD SCHOLARSHIP

DATE: _____

FULL NAME: _____ PREFERRED FIRST NAME: _____

DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENTLY ATTENDING: _____ EXPECTED DATE OF GRADUATION: _____

I HAVE ATTENDED THE FOLLOWING COLLEGES OR UNIVERSITIES:

<u>INSTITUTION</u>	<u>DATES ATTENDED</u>	<u>DEGREE(S) OR COURSE OF STUDY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HAVE APPLIED, OR AM APPLYING, TO THE FOLLOWING SCHOOL(S) FOR THE UPCOMING FALL TERM:

<u>INSTITUTION</u>	<u>DEGREE(S) OR COURSE OF STUDY</u>
_____	_____
_____	_____
_____	_____

I HAVE INCLUDED AS A SINGLE, MULTI-PAGE PDF ATTACHMENT:

- Application Form
- A personal letter outlining plans and objectives
- A complete resume
- Three letters of reference speaking specifically to the applicant's potential as a graduate student
- Complete transcripts from all colleges/universities attended

CANDIDATES MUST MEET THESE QUALIFICATIONS TO BE ELIGIBLE FOR THIS AWARD:

- You must be planning to attend an accredited program of graduate studies in Theatre during the academic year that begins the same year of your scholarship application.
- You must have graduated from, be currently attending, or have plans to attend an accredited academic institution in one of the following 10 states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia or West Virginia.

By signing below, I acknowledge that I am applying for the SETC sponsored scholarships as noted and certify that I meet the requirements of the award.

SIGNATURE

DATE

Send this completed Application Form along with any supporting materials in a single, multi-page PDF file to info@setc.org (either as an email attachment or via a file sharing service) by the deadline published online at www.setc.org/porterfield.