Athenian Berean Community Players Steve Haskins Memorial Scholarship

(Application and Requirements for the Current School Year)

NAME:	DATE:	
ADDRESS:	E-MAIL:	
CITY:	STATE: ZIPCODE:	
DAYTIME PHONE:	CELL PHONE:	
NAME AND ADDRESS OF HIGH SCHOO	L OR INDICATE IF HOMESCHOOLED:	
COLLEGE ATTENDED PREVIOUSLY (if ap	oplicable):	
AWARDS OR HONORS RECEIVED:		
EXTRACURRICULAR ACTIVITIES:		
COLLEGE YOU WILL ATTEND IN THE FA	ill:	
ADDRESS:		
director's name, the year of the produ	re been involved with in the last three Seasons. Be sure to include to ction, and in what capacity you were involved (backstage and/or or feel free to use the back of this form or include a resume.	