

**Leonard G. McLeod Theatre Scholarship Application**  
**Application Deadline: April 4, 2008**

**Personal:**

Applicant \_\_\_\_\_

Address (home) \_\_\_\_\_

Telephone (home) \_\_\_\_\_

College attending or planning to attend \_\_\_\_\_

College Address \_\_\_\_\_

College Telephone: \_\_\_\_\_

**Education: (attach copy of high school or college transcript)**

For what type of work are you preparing?

\_\_\_\_\_

High school: (Date of graduation and name of school) \_\_\_\_\_

List awards/honors received and memberships in honorary societies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GPA \_\_\_\_\_

**Please respond to the following questions on a separate sheet of paper. Attach to your application.**

In 200 words or less, please answer the following two questions

1. Tell us about your theater involvement and your plans for the future.
2. Describe your plans for reaching your goals in theater.

Do you work? \_\_\_\_\_ Where? \_\_\_\_\_ Why/Why not

In what community activities have you participated?

**Return application and all supporting documentation to the address listed below postmarked by April 4, 2008 or delivered in person by April 4, 2008:**

Scholarship Committee  
Cape Fear Regional Theatre  
P O Box 53723  
Fayetteville, NC 28305

**Cumberland Community Foundation  
Leonard G. McLeod Theatre Scholarship**

Please give "Reference Evaluation" forms to three persons who could give information concerning your abilities, interests, and determination to perform well in your chosen field. Ask each reference to fill out the form and attach a letter which expounds upon your character, abilities and reasons why you should be considered for this scholarship. One should be your principal/teacher. **Please have them return the form and letter directly to the Scholarship Committee Chairman prior to April 4, 2008.**

Please list your three references below:

Name 1 \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Scholarship Committee  
Cape Fear Regional Theatre  
P O Box 53723  
Fayetteville, NC 28305**

# Leonard G. McLeod Theatre Scholarship Fund Reference Evaluation Form

Applicant's Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street, Route, or Box
City
State
Zip

Field of Study \_\_\_\_\_

Educational Institution \_\_\_\_\_

1. Please evaluate the applicant by responding to the categories listed below. Check the most appropriate column.

	Outstanding	Excellent	Good	Fair
Cooperativeness	_____	_____	_____	_____
Commitment to CFRT	_____	_____	_____	_____
Commitment to theater	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Industry/Work in theater	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____

2. Do you believe based upon your contact with the applicant that he/she demonstrates the ability to perform well in college? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List applicant's strengths and weakness.

4. Please identify your relationship to the applicant: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

**Return directly to address below by April 4, 2008**  
**Scholarship Committee**  
**Cape Fear Regional Theatre**  
**P O Box 53723**  
**Fayetteville, NC 28305**