

THEATRE AT TWU SCHOLARSHIP APPLICATION

NAME _____ AGE _____

ADDRESS _____

EMAIL _____ PHONE _____

ARE YOU PLANNING TO AUDITION? YES NO

IF YES, ARE YOU AUDITIONING IN PERSON OR ON TAPE?

___ In person. Please arrange a time.

___ On tape. I will mail the tape on _____ (date)

PRIMARY INTEREST(S) (circle up to three)

Acting Directing Dramatic Literature Stage Management

Children's Theatre Musical Theatre Set/Lighting Design

Costume Design Church Drama Theatre History

Playmaking Playwriting Other _____

PREVIOUS THEATRE EXPERIENCE (if any)

CAREER GOALS

WHAT ARE YOUR REASONS FOR CHOOSING TWU?

WHAT EXCITES YOU ABOUT STUDYING THEATRE?

WHAT IS YOUR GREATEST STRENGTH?

WHAT IS YOUR GREATEST WEAKNESS?

WHAT DO YOU BRING TO THE DEPARTMENT?

WHAT IS YOUR GREATEST FEAR IN COMING TO TWU?

HOW DO YOU UNDERSTAND THE RELATIONSHIP BETWEEN THEATRE AND FAITH?

PLEASE SUBMIT TWO LETTERS OF REFERENCE (FROM PEOPLE WHO KNOW YOU WELL AND CAN DISCUSS YOUR MATURITY, PASSION AND COMMITMENT) ALONG WITH THIS APPLICATION TO: angelak@twu.ca or MAILED TO ANGELA KONRAD, C/O THEATRE DEPARTMENT AT TWU.