## GEORGIA THEATRE CONFERENCE SECONDARY AND TRANSFER SCHOLARSHIP AUDITION FORM

	APPLIC/	ATION DEADLI	NE: OCTO	OBER 1, 2020
NAME				
ADDRESS				
CITY				CLICK to insert well-lit headshot
STATE		ZIP:		DO NOT STAPLE
E-MAIL				
NAME OF H.S. or JR COLLEGE				
CLASS/YEAR	JUNIOR	SENIOR	COLLEGE	
AUDITION TYPE	TECH	A	CTING	
		e.com for importa STUDENT A		
GPA:	PSAT:		SAT:	ACT:
——	Please affix a NOTA	RY SEAL on the bo	ottom right corner to	to authenticate application
COUNSELOR SIGNATURE				DATE
DIRECTOR SIGNATURE				DATE
STUDENT SIGNATURE				DATE
Com	nplete applicable field			plication with appropriate fee to:
		Mary Norma	an, Executive Director Theatre Conference	
		_	renth Avenue, SW	
			ltrie, GA 31768	

Please attach a ONE PAGE resume.

It will be copied to the back of the application so it is important that you send a ONE PAGE resume.