

APPLICATION FORM
2025-2026 ROBERT G. & MARY ELEANOR ANDERSON SCHOLARSHIP

Applicant's Name _____

Address Street _____

City, State, Zip _____

Telephone number _____

Email _____

Parents' or guardians' name and address _____

High School(s) attended _____

Date of High School graduation _____

College or university which you will be attending (or are attending) _____

Anticipated date of college graduation _____

Please be sure to submit the following items (as noted in the Scholarship Announcement):

1. This application form.
2. A resumé which specifies your theatre experience.
3. A 200-300 word (typed) essay which explains your interests in theatre and reasons why you have chosen to pursue an undergraduate degree in theatre.

Please list the name and address of the financial office of the institution you plan to attend: _____

Please be sure that your two references have mailed their recommendations directly to the scholarship committee.

All scholarship application materials and recommendations must be received by Friday, April 18, 2025.

Mail to: Anderson Scholarship Committee
Mrs. Paula C. Mabry
109 Dover Court
Starkville, MS 39759
paula.mabry@gmail.com

