

DONNA ELLIS/PETE ROSE SCHOLARSHIP APPLICATION 2026

Please Print or Type

To ensure the accuracy of your submission, please read through **ALL** the directions before completing the application. Any questions may be directed to director.cvp youththeatre@gmail.com

APPLICANT QUALIFICATIONS

- A. Applicant must be a senior at an accredited Detroit area high school
- B. Applicant must have a minimum of a 2.75 grade point average
- C. Applicant must have participated in Theatre Arts (Drama Club, Community Theater, Performance, Theatre Tech, Lighting, Sound, Set Design/Construction, Stage Managing, etc.) during the past three years (in or out of school)
- D. Applicant must exhibit good character (Integrity, honesty, self-discipline, sincerity, etc.)
- E. Applicant must reflect a seriousness of educational goals
- F. Applicant must have been accepted by an approved institution of higher education or an accredited institution for vocational training
- G. Application must be neat and legible (Printed and/or Typed) and include all requested documentation.
- H. This scholarship is merit based with financial consideration given.

APPLYING FOR SCHOLARSHIP

Your scholarship application packet must contain the following items in the following order:

checklist

- 1. The completed application (3 pages)
- 2. A short (typed) statement describing your educational goals.
- 3. Letter of Recommendation from at least one person who is not a family member.
- 4. A copy of your high school transcript.
- 6. A copy of your letter of acceptance to college.
- 7. Signed Oath of Accuracy (attached)

DUE DATE: April 30, 2026

Email application and attachments to: director.cvp youththeatre@gmail.com

Or mail completed application to:

Clarkston Village Players YT Scholarship
4861 White Lake Rd., Clarkston MI 48346



CLARKSTON VILLAGE PLAYERS

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Please Print or Type

Tab to move between fill-in fields (Word doc) or use Adobe PDF Fill and Sign (PDF).
Make sure to save your finished form before emailing.

I. Student Information:

STUDENT NAME: AGE:
Last First Middle Initial

HOME ADDRESS:
Street City/State/Zip Code

PHONE NUMBER(S): Home: Cell:

EMAIL ADDRESS(ES):

PARENTS/GUARDIANS NAMES and OCCUPATIONS:

DO YOU HAVE SIBLINGS PRESENTLY IN COLLEGE? No Yes *If yes, how many?*

LIST ALL PERSONS LIVING IN YOUR HOME, THEIR AGE, AND RELATIONSHIP

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



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ARE THERE ANY SPECIAL FINANCIAL CIRCUMSTANCES THAT YOU FEEL THE COMMITTEE SHOULD CONSIDER? (USE BACK or ADDITIONAL PAGE IF NECESSARY)

BESIDES THIS SCHOLARSHIP, WHAT OTHER MEANS DO YOU INTEND TO USE TO FINANCE YOUR EDUCATION? (Parental Support/Part time jobs/Other Scholarships received, etc.- USE BACK or ADDITIONAL PAGE IF NECESSARY)

II. Educational History

High School:
Name *City/State*

HIGH SCHOOL COUNSELOR NAME:

Phone: Email Address:

WHAT IS YOUR GRADE POINT AVERAGE (G.P.A.)?

WHAT ACADEMIC PROGRAMS DID YOU PARTICIPATE IN? (i.e. IB, CSM Tech, AP Program, Some AP Classes, OTC etc.)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



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TO WHICH COLLEGE(S) OR UNIVERSITY(IES) HAVE YOU BEEN ACCEPTED?

WHAT ARE YOU PLANNING TO MAJOR IN AT COLLEGE?

WHAT ARE YOU PLANNING TO MINOR IN AT COLLEGE?

ARE YOU A PAST OR PRESENT MEMBER OF CLARKSTON VILLAGE PLAYERS YOUTH THEATRE?

Yes

No

LIST THE THEATRE ARTS ORGANIZATIONS (example: high school drama club, community theater, etc.) YOU HAVE BEEN INVOLVED IN OVER THE PAST THREE YEARS AND WHAT YOU HAVE CONTRIBUTED TO THE ORGANIZATIONS (officer, etc.) HAVE YOU RECEIVED ANY HONORS? IF SO, INDICATE. (USE BACK or ADDITIONAL PAGE IF NECESSARY) YOU MAY ATTACH A PERFORMANCE/TECHNICAL RESUME INSTEAD.

SENIOR:

JUNIOR:



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SOPHOMORE:

LIST ANY RELEVANT EXTRA-CURRICULAR/VOLUNTEER ACTIVITIES DURING THE PAST THREE YEARS:

(USE BACK or ADDITIONAL PAGE IF NECESSARY)

III. Personal History:

PERSONAL REFERENCES: (Please list up to 3 references; one written recommendation required):

<i>Name</i>	<i>Title</i>	<i>Organization</i>	<i>Phone and/or Email</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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*AT THIS POINT, PLEASE SAVE & PRINT YOUR COMPLETED APPLICATION
AND ATTACH THE FOLLOWING:*

1. A SHORT STATEMENT DESCRIBING YOUR EDUCATIONAL GOALS
2. A COPY OF YOUR HIGH SCHOOL TRANSCRIPT
3. A COPY OF YOUR LETTER(S) OF ACCEPTANCE TO COLLEGE
4. LETTER OF RECOMMENDATION FROM AT LEAST ONE PERSON WHO IS NOT A FAMILY MEMBER

OATH OF ACCURACY:

I attest that all information provided to the Clarkston Village Players Scholarship Committee is true and accurate to the best of my knowledge. I realize that any deliberate falsification of information is grounds for rejection of this application.

Name of Applicant (print)

Signature of Applicant

Date

All information submitted on this application will be kept in strict confidentiality.

MUST BE POSTMARKED BY MAY 30, 2025

Please email application and supporting documents to: director.cvp youththeatre@gmail.com

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