



1661 Bay Head Road
Annapolis, MD 21409
410-757-2281

Miriam Wolfe Memorial Scholarship Application

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____
Street City State ZIP

Phone No.: _____ Email: _____

Name of High School: _____

GPA: _____ Signature of High School Counselor: _____
(Official HS transcript will be accepted in lieu of counselor signature.)

Name of College or University to attend: _____

Planned Course of Study: _____

Reason for choosing this school: _____

Date of last audition at CTA (if applicable): _____

Name of most recent show at CTA in which you participated: _____

Please describe your participation: _____

For each of the following questions, please indicate dates, place of participation, and type of participation. List items in chronological order, beginning with the most recent. Additional pages are accepted. Resumes will NOT be accepted.

- Participation at CTA in a production (performance, technical, or support role):

Production	Dates	Type of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____



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2. Participation in a performance, technical, or support role with another organization/school

Production	Dates	Organization	Type of Participation

3. Specific Training in a performance or technical aspect of the performing arts (school, community, private) (i.e. Master Class, Camps, Studio):

Date	Location	Type of Training

4. Special honors or awards received (school or community):

5. Other non-performing arts activities in which you have participated (i.e. school, community, church, sports):

Please answer the following essay questions. Each essay is to be 200 words or less. Additional pages are accepted.

6. How has CTA influenced who you are today?



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7. How do you imagine the performing arts will continue be a part of your future?

By submitting this scholarship application, I acknowledge that I will no longer be eligible to participate in CTA productions as a student performer as of the end of this current school year. Initials _____