

THEATRE SCHOLARSHIP APPLICATION FORM
COPPIN STATE UNIVERSITY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check One: _____ New Student _____ Transfer Student

High School _____

College or University _____

Address _____

City _____ State _____ Zip _____

Major _____ Degree _____ GPA _____

MAIN AREA OF INTEREST (Check one):

Acting/Directing Design/Production/Tech Theatre Management

MAIL COMPLETED FORM TO:

Dr. Garey A. Hyatt, Program Coordinator

Visual & Performing Arts

Coppin State University

2500 West North Avenue

Baltimore, Maryland 21216

(410) 951-3369 office

ghyatt@coppin.edu