

CHICKASHA COMMUNITY THEATRE  
TIMMS/DRUMMOND MEMORIAL SCHOLARSHIP  
SCHOLARSHIP AWARD APPLICATION

Return complete application materials to:

Chickasha Community Theatre

PO Box 1687

Chickasha, OK 73023

Application must be received by CCT no later than  
the second Friday in April of the current year.

NAME \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

COLLEGE OR INSTITUTE YOU WILL BE ATTENDING \_\_\_\_\_

(The name of the institution must be provided in order to issue the scholarship)

DEGREE OR CERTIFICATE YOU PLAN TO  
ATTAIN \_\_\_\_\_

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THEATRE RESUME

(List activities in the following categories that apply to your lifelong involvement with CCT and/or your high school Drama Dept.: Performing roles, technical positions or assistance, production staff positions, special projects. Use back of page if necessary to list role/position, production title, date) or attach resume'.

**(1.) CCT/CHS CO-PRODUCTIONS**

**(2.) CHICKASHA COMMUNITY THEATRE PRODUCTIONS**

**(3.) HIGH SCHOOL DRAMA PRODUCTIONS & DRAMA CLUB ACTIVITIES**

**(4.) ESSAY: On a separate page, discuss (250-300 words, typed, double-spaced) in what ways you have benefited from your participation in CCT and High School theatre activities. Include in your discussion your plans for higher education.**