

ESRT SCHOLARSHIP RECOMMENDATION FORM

Please have a teacher, instructor, or mentor familiar with your work and abilities complete the entire form and return by mail to:
 Eastern Shore Repertory Theatre • P.O. Box 951 • Fairhope, AL 36533.

Student Information	
Applicant Name	Date of Birth
School	Grade/ Level of Education
Email	Phone

PLACE AN "X" IN THE BOX THAT BEST EXEMPLIFIES YOUR ASSESSMENT OF THE APPLICANT					
	Superior	Excellent	Average	Below Average	Not Applicable
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pays Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear Goals and Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance/Movement Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (Please provide any additional information that you think would be helpful to us in making our decision.)

Teacher/Instructor/Mentor Information	
Name of Person Completing this Form	Phone
Email	Relationship to Applicant