



NORTHWEST MISSOURI STATE UNIVERSITY  
DEPARTMENT OF COMMUNICATION, THEATRE, & LANGUAGES

**JOYCE FINK HOOK SCHOLARSHIP APPLICATION**  
**THEATRE**



Name: \_\_\_\_\_  
Last First Middle

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

E-mail Address \_\_\_\_\_

Year in school: Fr. So. Jr. Sr. Hours Completed: \_\_\_\_\_

Anticipated Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Advisor: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**DIRECTIONS**

*Please submit a listing of your contributions to the Northwest University Theatre in both technical and performance areas and a statement describing your career goals (be as complete as possible). A resume or other sheets may be attached as needed.*

I have read and understand the qualifications for and restrictions pertaining to this scholarship as issued by the Department of Communication, Theatre, & Language in accordance with the conditions set forth in the establishment of the Joyce Fink Hook Scholarship.

I authorize the Department of Communication, Theatre, & Language Scholarship Selection Committee to obtain a copy of my Permanent Record from the Registrar's Office of Northwest Missouri State University for the purpose of its becoming a part of this application with the understanding that it shall remain confidential except to members of the Selection Committee.

Should I be awarded the Joyce Fink Hook Scholarship, I give permission for the announcement to be made publicly at the Northwest Missouri State University Honors Convocation and to be distributed to the news and media for publication. I also agree to thank the donor of this award with a written letter, to provide the department with a copy of that letter, to be present at the Honors Convocation to accept this award, and to participate in all related activities unless excused by the chair of the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID Number: \_\_\_\_\_

**Scholarship awards are subject to availability of funds.**

**This form must be completed and returned to the Dept. Office, 148 Wells**

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**For Office Use Only** (do not write below this line)

Amount of Award: \_\_\_\_\_ For: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
semester and/or academic year