

SCHOLARSHIP APPLICATION 2025

| First Name: | Last Name: |
|---|----------------|
| Mailing Address Street: | |
| City: | State: |
| Zip: | |
| Telephone Number: | Email Address: |
| | |
| Name of High School attending: | |
| Describe your contribution to Marblehead Little Theatre | |
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| Do you know the College or University will you be attending the fall? If so, fill in. | |
| What is your intended major? | |
| | |

You can fill in the PDF and e-mail it back to MLT or print out, fill in, take a screen shot and send it to MLT.

Once completed e-mail to info@mltlive.com