

# Fort Griffin Fandangle Scholarship Application

To qualify for this scholarship, you must participate in the summer show the year of graduation.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Graduation Date: \_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_

Have you been accepted for enrollment at a college or university? \_\_\_\_\_

If so, which one (s)? \_\_\_\_\_

List your participation in the Fandangle by year.

Year

Participation

\_\_\_\_\_

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Applicant Signature

\_\_\_\_\_  
Date