



Application must be fully completed and delivered to the Elbert Theatre Office by Fri. Apr 17, 2026 at 5pm for consideration. Applications may be delivered in person to 203 Elbert St, Elberton, GA 30635 between the hours of 8am-5pm Mon-Fri, emailed to tking@cityofelberton.net or mailed to Elbert Theatre, PO Box 70, Elberton, GA 30635.

Full Name: _____ Age: _____ yrs.

Parent/Guardian Name(s) : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Do you plan to attend any school after graduation? If yes, please provide the following details:

Name of School: _____ Planned Major: _____

Career Goals: _____

Have you been involved with Elbert Theatre Foundation and/or Encore Productions events during your Middle and/or High School career? If so, please list the events/productions you have been involved in, as well as, your part/position. (Use the back of this form to list more as needed.)

In submitting this application for scholarship, I certify that the above information is accurate and truthful. False information will immediately disqualify me from further consideration.

Signature: _____ Date: _____