Eastman Scholarship Application

Roger and Gertrude Eastman were charter members of Lewiston-Auburn Community Little Theatre, which was originally the “Little Theater Association” in 1940. The scholarship was established in 1952 to honor Roger's memory after his death. His wife, Gertrude (Schonland) Eastman, continued to be an active member of the theater and the community until her death in 1991.

**Eligibility:**

1. Applicant must be a graduating high school senior
2. Applicant must have shown involvement in Community Little Theatre
3. Applicant must display academic excellence
4. Applicant is planning to further their education in the arts

**One $500.00 scholarship will be awarded this year. Once selected, the student will be contacted so the award may be given prior to the beginning of a play this August.**

Please note that the deadline for submission of this application and any supporting materials is **May 31, 2025, 11:59 PM.**

**Please email this completed form, along with two letters of recommendation, to** [**info@laclt.com**](mailto:info@laclt.com)**.**

**PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |

**HIGH SCHOOL INFORMATION**

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| --- | --- |
| High School Attended: |  |
| Graduation Date: |  |
| College You Plan on Attending: |  |
| Intended Major: |  |
| Intended Minor (if applicable): |  |

**List Academic/Community Activities and Awards:**

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**List All Theater/Stage Experiences:**

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**Please write a short essay on what being involved in the theater has meant to you. Describe one of your favorite personal experiences involving any aspect of performing. Please comment on how receiving this scholarship would affect you personally and why you feel you should be considered for this honor. Please be concise (250 words maximum).**

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**I hereby declare that all of the information on this application is true, correct, and complete to the best of my knowledge. I authorize the Community Little Theatre to use my name to promote the scholarship fund.**

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| **Name of Student:** |  |
| **Date:** |  |
| **Parent/Guardian’s signature or student’s signature if over 18:** |  |
| **Parent/Guardian’s printed name or student’s printed name if over the age of 18:** |  |