



KANSAS CITY KANSAS COMMUNITY COLLEGE  
THEATRE PERFORMANCE GRANT APPLICATION

Date of Application: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

KCKCC Student I.D. #: \_\_\_\_\_ High School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Theatre Interests and Background: (use a separate sheet if necessary)

High School Drama Classes: \_\_\_\_\_

Productions worked on: \_\_\_\_\_

Major Interest (Check one – if more than 1 rate areas of interest)

Acting: \_\_\_\_\_

Directing: \_\_\_\_\_

Technical: \_\_\_\_\_

Proposed major in college: \_\_\_\_\_

References: (List names, addresses phone and email of two adults, preferably drama teachers that you have worked with who can give an opinion of your character and abilities)

1. \_\_\_\_\_

2. \_\_\_\_\_

Please include one letter of reference of the above addressing your theatrical and scholastic potential.

By signing this form, I agree that the Theatre Department faculty may review my college transcript (if applicable). I have read and understand all of the Performance Grant requirements, including a 2.5 average in 12 credit hours per semester at Kansas City Kansas Community College.

\_\_\_\_\_  
Signature

Return completed application to:  
Gary Mosby  
[gmosby@kckcc.edu](mailto:gmosby@kckcc.edu)  
Program Coordinator  
7250 State Ave  
Kansas City, KS 66112