Acting Scholarship Application
2024-2025

All Application Materials Due
Monday, January 29, 2024
11:59 p.m. EST
Please Read The Following Carefully

Please keep a copy of this page for your records.

Applicants must submit all application materials by 11:59 p.m. EST on Monday, January 29, 2024. The application consists of the following:

- A self-tape audition as described below. This self-tape audition must be submitted through Acceptd: https://bgsu.getacceptd.com
- The Acting Scholarship Application Form. This form must be submitted as an attachment to your Acceptd account.
- Two References from those who are familiar with your work as an actor. If you collect the References from those writing on your behalf, you may submit them as an attachment to your Acceptd account. Conversely, if those writing References prefer to send them directly to the department, they may do so as an email attachment to: theatrefilm@bgsu.edu

Requests for face-to-face auditions will be considered on a case-by-case. Inquires about this option should be sent to both Professor James Stover (jamstov@bgsu.edu) and Professor Jonathan Chambers (jonathc@bgsu.edu).

**Acting Scholarship Policy**

Acting Scholarships are used to recruit and/or retain acting students who possess exceptional talent in acting. The award funds are drawn from the annual interest generated from the endowment and are awarded based on the following criteria and requirements:

- The scholarship shall be used to recruit and/or retain outstanding students in Theatre. Scholarship recipients may be incoming first-year student, transfer students, or returning students.
- The scholarship shall be non-renewable.
- Financial need may be a consideration, but the primary focus must be based on the strength of the audition and application materials.
- The selection shall be made by the faculty of the Department of Theatre & Film.
- The scholarship shall be coordinated with the Director of Student Financial Aid.
- The administrator of the fund shall be the Chair of the Department of Theatre & Film.
- The Department encourages scholarship recipients to be active participants in the production program. Scholarship monies will be disbursed directly to your financial aid account at BGSU. The scholarship can be used for any educational expenses.

**Audition Format for the Acting Scholarship**

You must submit a 2 ½ -3 ½ minute, self-tape audition through Acceptd: https://bgsu.getacceptd.com. Through this link you will be able to set up an account, have access to self-tape guidelines, and submit your audition.

Include the following in your self-tape audition:

- Required: Brief introduction of self and selections.
- Required: Two contrasting monologues that demonstrate breadth of range; each selection is not to exceed 1 minute in length.
- Optional: One song, not to exceed 1 minute in length.
Acting Scholarship - Application Form

Make a copy of this form, fill it out, and submit via the Acceptd portal for this scholarship before the posted deadline.

Full Name__________________________________________

BGSU ID_________________________________ Date of Birth__________________ Sex □ M □ F □ X

Current Address________________________________________________________________________

Permanent Address (if different)______________________________________________________________________________

Phone_________________________________ E-mail Address___________________________

Name of Parent/Guardian___________________________________________________________________________________________

Phone of Parent/Guardian___________________________________________________________________________________________

Name of Hometown Newspaper__________________________________________________________________________________________

Have you been admitted to and/or are you returning to BGSU for the fall? Yes or No □ □ Major________________

• Complete the next page of this form or attach a resume. If you choose to attach a resume, still make sure to answer question #3.
• Have two people familiar with you and your work as an actor and/or performance as a student complete an Evaluation form. They may also include a letter of reference if they choose.

Data Release Authorization: By completing this application, I affirm that the information I have provided on this application is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my financial assistance or may result in disciplinary action pursuant to the Student Code at BGSU. I authorize, with the stipulation that all information is strictly confidential, the release of the information contained herein, along with other required information such as major, GPA, financial aid information, that is necessary for scholarship award committee(s) to use to determine my eligibility for an award. Also, if I receive a scholarship, I give permission to the selection committee to share my name and other directory information and the fact I am a recipient of said scholarship to other University officials, the donor’s designee(s), and publications (University and/or external) as deemed appropriate by the selection committee. When receiving a scholarship that may be renewed for subsequent years, this release to share your information will remain in effect the entire length of time you receive the scholarship at BGSU. If you agree, please sign your name below.

_____________________________________         ________________________________
Signature of Applicant                     Date
Resume of Experience

Name

1. List the roles you have played:

<table>
<thead>
<tr>
<th>Play</th>
<th>Role</th>
<th>Theatre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. List the technical experience you have had:

<table>
<thead>
<tr>
<th>Play</th>
<th>Crew or Position</th>
<th>Theatre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How do you feel you can contribute to the BGSU Theatre and Film program?
Acting Scholarship - Reference Form

The individual providing the reference should return this form to the student or send it directly to theatrefilm@bgsu.edu

I. TO BE COMPLETED BY STUDENT APPLICANT

Student Name________________________________________________________

Year in School__________  High School or College______________ GPA________

Please complete, sign, and date:

I authorize _________ to provide a reference on my behalf.

Name of Student Applicant             Name of individual providing reference

_____________________________________          ______________________________
Signature of Applicant     Date

II. TO BE COMPLETED BY INDIVIDUAL PROVIDING THE REFERENCE

1. WORK AS A PERFORMER (1=Poor to 5=Exceptional).

   • In your judgment, is the applicant versatile as a performer?  1 2 3 4 5
   • In your judgment, how good an actor is the applicant?  1 2 3 4 5
   • Does the applicant take direction and suggestion well?  1 2 3 4 5
   • Is the applicant imaginative and original in performance?  1 2 3 4 5
   • Does the applicant have a sincere interest in performing?  1 2 3 4 5
   • Rate the applicant’s auditions  1 2 3 4 5

2. CHARACTER AND PERSONALITY (1=Poor to 5=Exceptional).

   • Applicant’s ability to balance involvement/coursework  1 2 3 4 5
   • Applicant’s willingness to embrace new ideas  1 2 3 4 5
   • Applicant’s critical thinking skills  1 2 3 4 5
   • Applicant’s cooperativeness  1 2 3 4 5
   • Applicant’s dependability  1 2 3 4 5
   • Applicant’s ability to get along with fellow students  1 2 3 4 5
   • Applicant’s ability to get along with faculty/supervisors  1 2 3 4 5
3. EVALUATION OF APPLICANT: Note any particular strengths or weaknesses

NAME, ADDRESS, PHONE, & EMAIL OF INDIVIDUAL PROVIDING THE REFERENCE

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

POSITION ______________________________

________________________________________________________________________

Signature ________________ Date ________________
Acting Scholarship - Reference Form

The individual providing the reference should return this form to the student or send it directly to theatrefilm@bgsu.edu

I. TO BE COMPLETED BY STUDENT APPLICANT

Student Name__________________________________________________________

Year in School__________  High School or College______________ GPA______________

*****

Please complete, sign, and date:

I ______________________ authorize ______________________ to provide a reference on my behalf.

Name of Student Applicant             Name of individual providing reference

_____________________________________          ________________________________

Signature of Applicant     Date

II. TO BE COMPLETED BY INDIVIDUAL PROVIDING THE REFERENCE

1. WORK AS A PERFORMER (1=Poor to 5=Exceptional).

   • In your judgment, is the applicant versatile as a performer?  1  2  3  4  5
   • In your judgment, how good an actor is the applicant?   1  2  3  4  5
   • Does the applicant take direction and suggestion well?   1  2  3  4  5
   • Is the applicant imaginative and original in performance?  1  2  3  4  5
   • Does the applicant have a sincere interest in performing?  1  2  3  4  5
   • Rate the applicant’s auditions 1  2  3  4  5

2. CHARACTER AND PERSONALITY (1=Poor to 5=Exceptional).

   • Applicant’s ability to balance involvement/coursework 1  2  3  4  5
   • Applicant’s willingness to embrace new ideas 1  2  3  4  5
   • Applicant’s critical thinking skills 1  2  3  4  5
   • Applicant’s cooperativeness 1  2  3  4  5
   • Applicant’s dependability 1  2  3  4  5
   • Applicant’s ability to get along with fellow students 1  2  3  4  5
   • Applicant’s ability to get along with faculty/supervisors 1  2  3  4  5

Revised 10/31/23
3. EVALUATION OF APPLICANT: Note any particular strengths or weaknesses

NAME, ADDRESS, PHONE, & EMAIL OF INDIVIDUAL PROVIDING THE REFERENCE

_____________________________________          ________________________________

Signature       Date

POSITION ____________________________________________

________________________________________________

______________________________  ______________________________
Signature                     Date