

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DAA

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09					
В	Check if	D Em	ployer identification number		
Ц	Address	change use IRS			
$\sqcup$	Name cl	hange print of	I WILLIAMERING DIAVNOS INC	54	-6049685
Н	Initial ret				ephone number
Н	Termina	ition See Specifi	PO BOX 91	75	7-220-0465
Н	Amende	ed return Instruc	City or town, state or country, and ZIP + 4	F Gro	oup Exemption
Ц		ion pending tions.	WILLIAMSBURG VA 23185		mber •
	• Sec	tion 501(c)(3) orga	method	X Cash Accrual	
	Websit		ompleted Schedule A (Form 990 or 990-EZ). Other (specify)		
'.			hly one)— X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 H Check ► required to 990-EZ, or 990-EZ, or	attach Sc	e organization is <b>not</b> chedule B (Form 990,
K	Check		nization is not a section 509(a)(3) supporting organization and its gross receipts are normally		
•	-		ganization is not a section 555(a)(5) supporting organization and its gross receipts are normally	not m	ne man \$25,000 A letum
L			e 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b> :	346,483
F	art I		expenses, and Changes in Net Assets or Fund Balances (See the instru		
	1		rants, and similar amounts received	1	181,406
	2	Program service re	evenue including government des and confracts	2	162,777
2010	3	Membership dues	and assessments	3	
7	4	Investment income	n sale of assets other than inventory 2 2 2009	4	480
5	5a	Gross amount from	n sale of assets other than inventory 2 2 2009 6 5a 5a		
	b		Dasis and sales expenses	4	1
$\leq$	C	Gain or (loss) from sa	le of assets other than inventor (Subtract line 5b from line 5a) (attach sch )	5c	
- PE	6		ctivities (complete applicable parts of Schedule 5) If any amount is from gaming, check here		ļ
	а	Gross revenue (no	·		
Z		reported on line 1)	ses other than fundraising expenses 6b	4	
$\mathbb{Z}$	b	Less direct expen	┦.		
SCANNEDMAN	C	Net income or (los	_ <u>6c</u>	<del></del>	
ഗ	7a		entory, less returns and allowances 7a 75 s sold 7b 79		
	6	Less cost of good	<u> </u>	_	-35
	C		s) from sales of inventory (Subtract line 7b from line 7a) scribe SEE STATEMENT 1	7c 8	1,064
	8		d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	345,692
_	10		amounts paid (attach schedule)	10	320,052
	11	Benefits paid to or		11	<u> </u>
'n	12	·	npensation, and employee benefits	12	
enses	13		and other payments to independent contractors	13	435
ber	14		itilities, and maintenance	14	42,591
Exp	15	Printing, publication	ns, postage, and shipping	15	
	16	Other expenses (d	escribe SEE STATEMENT 2	16	128,956
	17	Total expenses. A	dd lines 10 through 16	17	171,982
Net Assets	18	Excess or (deficit)	for the year (Subtract line 17 from line 9)	18	173,710
Ass	19	Net assets or fund ba	lances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return		768,819
et.	20	Other changes in i	net assets or fund balances (attach explanation)	20	
	21		balances at end of year Combine lines 18 through 20	21	942,529
	art II		ieets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of	f Form	
			ee the instructions for Part II )  (A) Beginning of year		(B) End of year
		savings, and investr	nents 61,16 707,65		221,409 721,120
		ind buildings	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24	,21,120
	Other a	assets (describe	768,81		942,529
		issets iabilities (describe		0 26	0
		•	ces (line 27 of column (B) must agree with line 21) 768,81		942,529
_			rk Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)

		LLIAMSBURG PLAYERS, INC.		<u>-6049685</u>		···	Page 2			
		t of Program Service Accomplishments	(See the instruc	<u>tions for Part I</u>	<u>  .)</u>	Ex	penses			
	at is the organization's pri	mary exempt purpose?				(Require	d for 501(c)(3)			
	EE STATEMENT 3						rganizations			
		in carrying out the organization's exempt purposes				and 4947(a)(1) trusts,				
		d, the number of persons benefited, or other relevan	nt information for each	program title		optional f	for others )			
28	SEE STATEMENT 4									
	(Grants \$	) If this amount includes foreign grants,	, check here	•	T 28	Ва	159,534			
29	SEE STATEMENT 5									
	(Grants \$	) If this amount includes foreign grants,	check here	•	[ ] 29	a <sub>a</sub>	1,029			
30	Cramo	, in this direction installed to long it grante.	, once nore		<u> </u>					
					┌					
24	(Grants \$	) If this amount includes foreign grants,	, check here	<b>&gt;</b>	30	)a	<del></del>			
JI	Other program services (a (Grants \$	) If this amount includes foreign grants,	check here	•	∏   <sub>31</sub>	la				
32		xpenses (add lines 28a through 31a)	Oncok Hore		▶ 3		160,563			
	With the second	ers, Directors, Trustees, and Key Employees. List	each one even if not o	compensated (Sec	the ins	tructions fo				
			(b) Title and average hours per week	(c) Compensation	(d) Cor	ntributions to benefit plans &	(e) Expense			
		(a) Name and address	devoted to position	(If not paid, enter -0)		compensation	other allowances			
RI	CK HINSON		PRESIDENT							
				0		0	0			
RO	BERT NOONAN		VICE PRES	0		٥	0			
AM	Y PAYNE		SECRETARY				<u> </u>			
	<del></del>			0		0	0			
ED	ALLEN		VP MAINTENAN	_		_				
	V TVT DO		VP VOLUNTEER	0		0	0			
Μū	Y LYLES		VP VOLONIESK	o		o	0			
DA	LE PAYNE		MEMBER							
_				0		0	0			
CA	ROL SHEFFLER		TREASURER	_						
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DA					L	Fo	rm <b>990-EZ</b> (2008)			

)	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	N
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
;	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes " enter the name of the foreign country.			

If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 ▶ | 43 | and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

"Yes," Form 990 must be completed instead of Form 990-EZ

X X

Yes

No

Form 990-EZ (2008)

Form	990-EZ (	(2008)	WILLI	AMSBURG	PLAYERS	, INC	•	54	1-6049685			F	age 4
	rt VI	Sect			•		on 501(c)	(3) organiz	ations must ar	swer question	s 46-		
		and o	complete t	<u>he tables f</u>	or lines 50 au	nd 51		<del> </del>					
46		_			lirect political car		vities on bef	nalf of or in op	position to			Yes	No
				· ·	lete Schedule C.						46		X
47		_			tivities? If "Yes,"						47		X
48		-			escribed in section				Schedule E		48		X
49a		-		•	an exempt non-		elated organ	ization?			49a		Х
_ b			-		ection 527 orgar						49b		L
50				•	•	•			ustees and key en	nployees) who			
	each rec	ceived m	nore than \$10	0,000 of comp	pensation from th	ne organizat	tion If there	is none, ente	r "None "				
						<del></del> .	(b)	Title and average	(c) Compensation	(d) Contributions to	(e)	Expen	Se.
		(a)		fress of each en than \$100,000	nployee paid more		1 1	hours per week	(c) compensation	employee benefit plans &	acc	count a	nd
				<del></del>		<del></del>	QE	evoted to position		deferred compensation	otner	allowa	nces
NONE	5								}				
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Total	number (	of other	employees pa	aid over \$100	000			<del></del>	<u> </u>	<del> </del>			
51						endent cont	ractors who	each received	d more than \$100,0	000 of	<del></del>		
•	•			•	re is none, enter								
			<b>3</b>										
	(a) N	lame and	address of eac	ch independent	contractor paid mor	e than \$100,0	000	(b)	Type of service	(c) C	ompen	sation	
NO	NE					-							
								ļ					
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Total	number				ach receiving over			<u> </u>		<del></del>			
	ĺ									and to the best of my preparer has any kno		dge	
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Paid		signatu		REA SALA	<del></del>	1		12/08	3/09 employed				<del></del>
•	parer's		name (or yours I		HTREY &	•	P.C.	•			4-1	<u> 205</u>	<u>579</u>
use	Only		employed),		MCLAWS C					Phone	20	۰ -	E 0 0
			s, and ZIP + 4		IAMSBURG		23185	<del></del>		no ▶ 757			522
Мау	the IRS o	IISCUSS	this return wit	n the prepare	r shown above?	See instruc	tions				<u> </u>		No
										Fo	orm <b>99</b>	v-EZ	(2008)

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#### SCHEDULE A

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number WILLIAMSBURG PLAYERS, INC. 54-6049685 Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is (Please check only one organization ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III-Functionally Integrated b Type II d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(iı)		
11g(iii)		

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))			in col (i) listed in your		in col (i) listed in your		in col (i) listed in your		in col (i) listed in your		in col (i) listed in your		in col (i) listed in your		in col (i) listed in your the organizat		of your (i) organization in col		ion in col zed in the	(vii) Amount o support	
			Yes	No	Yes	No	Yes	No															
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Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning ın) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	62,956	88,396	27,441	39,919	181,406	400,118
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,906	6,297	7,315	14,086	480	34,084
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		722		2,954	1,029	4,705
11	Total support. Add lines 7 through 10	L		<u></u>	L		438,907
12	Gross receipts from related activities, etc. (	see instructions)				12	630,570

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Public support percentage from 2007 Schedule A, Part IV-A, line 26f

33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

14

91.1624

13

14

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 17 % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 WILLIAMSBURG PLAYERS, INC.

54-6049685

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

**MISCELLANEOUS** 

\$

4,705

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

Attachment Sequence No. 67

Identifying number

WILLIAMSBURG PLAYERS, INC. 54-6049685 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 42,591 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (f) Method (a) Classification of property year placed in (business/investment use (e) Convention (a) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs 27 <u>5 yrs</u> S/L h Residential rental MM property MM S/L 27 5 yrs ММ S/L Nonresidential real 39 vrs property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L MM 40 yrs 40-year Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 42,591 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2008) For Paperwork Reduction Act Notice, see separate instructions.

54-6049685

## **Federal Statements**

FYE: 6/30/2009

#### Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount				
MISCELLANEOUS	\$	1,064			
TOTAL	\$	1,064			

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CONFERENCES	280
INSURANCE	5,985
TELEPHONE	3,245
PRODUCTION	57,674
PREMIER OPENING	668
OFFICE SUPPLIES	2,487
INTERNET	642
REPAIRS AND MAINTENANCE	8,677
UTILITIES	13,029
SERVICE CHARGES	2,322
ADVERTISING	5,508
SCHOLARSHIPS	1,000
MISCELLANEOUS	3,371
PROFESSIONAL FEES	520
POSTAGE	2,093
PRINTING	13,084
CAPITAL CAMPAIGN ADMINIST	8,371
TOTAL	\$ 128,956

#### Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO PROVIDE A COMMUNITY THEATRE COMMITTED TO ENRICHING AND BROADENING THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER T TIDEWATER COMMUNITY. TO PRESENT PROFESSIONAL QUALITY THEATRE PRODUCTIONS WHICH CHALLENGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR AUDIENCES, MEMBERS AND VOLUNTEERS. HANDS ON TEACHING AND SCHOLARSHIP PROGRAMS PROVIDE OPPORTUNITIES F FOR EDUCATION, EXPERIENCE, GROWTH, AND CHALLANGE.

# Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

TO ENRICH AND BROADEN THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER TIDEWATER COMMUNITY BY PRESENTING PROFESSIONAL QUALITY THEATRE PRODUCTIONS WHICH CHALLENGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR AUDIENCES, MEMBERS AND VOLUNTEERS.

28995 WILLIAMSBURG PLAYERS, INC.

**Federal Statements** 

FYE: 6/30/2009

54-6049685

10:44 AM

# <u>Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service</u> Accomplishments

#### Description

TO PROVIDE \$500 SCHOLARSHIPS TO COLLEGE STUDENTS WHO HAVE A RELATED "ARTS" MAJOR. THE APPLICANTS MUST BE LOCAL HIGH SCHOOL SENIORS WHO PLAN TO GO TO COLLEGE AND MAJOR IN SOME ASPECT OF THEATRE OR DANCE. THIS INCLUDES ACTING, LIGHTING DESIGN, SCENE DESIGN, DIRECTING, ETC. THE STUDENTS ARE ASKED TO MAKE AN APPLICATION TO OUR SCHOLARSHIP COMMITTEE DURING THE LAST HALF OF THEIR SENIOR YEAR. IN ADDITION TO THE APPLICATION, AN AUDITION OR DISPLAY OF WORK ALREADY DONE IS ASKED FOR, DEPENDING UPON THE FIELD OF STUDY THEY ARE PLANNING TO PURSUE. THE COMMITTEE EVALUATES ALL MATERIAL PROVIDED AND ATTEMPTS TO SELECT TWO RECIPIENTS EVERY YEAR.