



2025-2026
THE LITTLE THEATRE SCHOLARSHIP -
\$1000

CRITERIA FOR ELIGIBILITY:

1. THE APPLICANT MUST BE A LTFR MEMBER, CHILD OF A MEMBER, OR A REGULAR PARTICIPANT IN LITTLE THEATRE PRODUCTIONS.
2. THE APPLICANT MUST BE A RESIDENT OF THE GREATER FALL RIVER AREA, WHICH INCLUDES: *ASSONET, BERKLEY, DARTMOUTH, DIGHTON, FALL RIVER, FREETOWN, REHOBOTH, SOMERSET, SWANSEA AND WESTPORT*; OR BE A RESIDENT OF *TIVERTON OR LITTLE COMPTON, R.I.*; OR HAVE BEEN A PARTICIPANT IN LITTLE THEATRE PRODUCTIONS.
3. THE APPLICANT MUST BE AN ENTERING FRESHMAN OR A CONTINUING STUDENT IN AN UNDERGRADUATE OR GRADUATE PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY.
4. THE APPLICANT MUST BE ABLE TO USE THE AWARD IN THE 2025-2026 ACADEMIC YEAR.

APPLICATION REQUIREMENTS:

1. COMPLETED THE LITTLE THEATRE OF FALL RIVER SCHOLARSHIP APPLICATION.
2. THREE SIGNED LETTERS OF REFERENCE.
3. OFFICIAL HIGH SCHOOL TRANSCRIPT.
4. LETTER OF ACCEPTANCE FROM THE COLLEGE OR UNIVERSITY THAT YOU WILL ATTEND, INDICATING YOUR INTENDED MAJOR. (A GENERAL ACCEPTANCE LETTER AND A SEPARATE LETTER FROM THE COLLEGE SPECIFYING YOUR INTENDED MAJOR WILL ALSO SATISFY THIS REQUIREMENT).
5. TYPED ESSAY, MAXIMUM OF 500 WORDS, EXPLAINING WHY YOU HAVE CHOSEN YOUR MAJOR.

**YOUR COMPLETED APPLICATION AND ALL REQUIRED MATERIALS
MUST BE RECEIVED BY THE LITTLE THEATRE OF FALL RIVER, INC. BY JUNE
27, 2025 BY 5PM.**

PLEASE EMAIL ANY QUESTIONS TO LTFR.SCHOLARSHIPS@GMAIL.COM

**SCHOLARSHIP WINNER TO ATTEND LTFR SCHOLARSHIP CEREMONY ON AUGUST 5,
2025 @ 6:30PM TO RECEIVE AWARD. WINNERS WILL BE EXPECTED TO PRESENT
SOMETHING SHORT TO THE BOARD AND ADDITIONAL LTFR MEMBERS. AWARD
WINNER'S FAMILY AND FRIENDS ARE WELCOME.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**2. BELOW PLEASE LIST ALL YOUR OTHER HIGH SCHOOL OR COLLEGE ACTIVITIES BY YEAR.
(EXAMPLES: CLASS OFFICER 3, 4; STUDENT COUNCIL 1; SKI CLUB 2, 3; SCHOOL
NEWSPAPER 4; SOFTBALL 2, 3, 4.)**

ACTIVITY (STUDENT GOVERNMENT, CLUBS, SPORTS, ETC.)

YEARS(S)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

3. LIST HERE YOUR VOLUNTEER COMMUNITY ACTIVITIES.

ACTIVITY

YEAR(S)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

PLEASE ADD ANY ADDITIONAL INFORMATION ON A SEPARATE PAGE