

George Mason University
Theater Department
Student Career Development Awards

These awards are designated to support Theater Students prepare to transition from college into the professional and academic world beyond

What: Students may apply for an award to support expenses for:

Graduate School Auditions and Portfolio Reviews
Professional Auditions and Portfolio Reviews
Theater Conferences
Educational Workshops
Educational Travel

Support expenses may include registration fees, tuition, transportation, and lodging.

Maximum Award is \$250.

Students may receive a maximum of one award per event, and a total of two awards during one academic year.

Note: Award is paid directly to student and is subject to income tax

Who: To qualify, students must:

Be an enrolled Mason Student with a declared Theater Major.

Have completed 60 credits, with a minimum of 15 Mason credits.

Be nominated by a current Theater Department faculty member.

Demonstrate progress towards a career in the profession through a combination of academic and production experience.

How: Complete *Theater Department Career Development Funding Request* including:

Description of request
Budget
Current transcript and resume
Signature of faculty nominator

Deadline: Applications reviewed continuously pending availability of funding.
Theater Office PAB A407

Theater Department Career Development Funding Request

Please attach supporting documents including current transcript and resume

Name: _____ G# _____ Date _____
Phone: _____ Email: _____

Total Amount of Request: _____
Request May Not Exceed \$250.

Will you accept Partial Funding?: YES NO

Funding Category:

- Graduate School Auditions/Portfolio Review/Interview
- Professional Audition/Portfolio Review
- Educational Workshop
- Theater Conference
- Educational Travel
- Other (*please explain*) _____

Proposed dates: _____

Description and Rationale for Funding: _____

Detailed Explanation of Costs: _____

Note: Funds may cover conference fees, workshop tuition, travel, and/or lodging.

Anticipated outcomes and benefits: _____

If funded, Report Due Date: _____

Note: Recipient must provide evidence that funds were spent in accordance with request.

Student Applicant Signature: _____

Date _____

Faculty Recommendation Signature: _____ Date _____

Faculty recommendation **required** with submission.

****Chair's Office Use Only****

Total Amount Approved: _____ Date Notified: _____

Review Committee: _____ Date Reviewed: _____