



**CONFIDENTIAL RECOMMENDATION FORM
SCT SCHOLARSHIP APPLICANT – 2012**

This form is to be completed by a high school principal or guidance counselor, your music, dance or drama teacher, and one other person who is knowledgeable of you. **The completed recommendation form should be sent directly to the SCT Scholarship Committee Chairperson**
****before April 20, 2012:****

Michele Peters
50 Duncan Lane
Gansevoort, NY 12831
(518) 695-5480

*Please return postmarked before:
April 20, 2012*

APPLICANT'S NAME: _____

The above named person has applied for a scholarship from the Schuylerville Community Theater. We would appreciate your assistance in selecting the most worthy student for this scholarship. Thank you.

Why do you feel this student is deserving of this scholarship? _____

Please use the reverse side (or a separate sheet of paper) for additional comments, if needed

Rate the following characteristics with a number: (please provide an explanation for a score of 3 or 4)

1. Superior 2. Good 3. Average 4. Below Average

_____ Achievement

_____ Industry

_____ Seriousness of Purpose

_____ Emotional Stability

_____ Initiative

_____ Ability to get along with others

In your opinion, how great is the applicant's need for financial assistance? (check one)

_____ Average

_____ Great

_____ Essential

_____ Unknown

This statement was made by: _____ Position: _____

Address: _____ Phone: _____

Date: _____