

## SCHUYLERVILLE COMMUNITY THEATER 2017 SCHOLARSHIP APPLICATION

## THE FOLLOWING QUESTIONS MUST BE ANSWERED CLEARLY AND PRECISELY BY THE APPLICANT AND MAILED DIRECTLY TO:

## Michele Peters • 50 Duncan Lane • GANSEVOORT, NY 12831 • 695-5480

(POSTMARKED ON OR BEFORE APRIL 15, 2017) Applicants Name: \_\_\_ Home Address: (Street) (Town) (State) (Zip Code) Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ email address(es) **Occupation:** Father's Name: Father's Address: \_\_\_\_\_ Mother's Name: Occupation: Mother's Address: **Brothers and Sisters** Age School of Attendance Name of High School: \_\_\_\_\_ Name of Principal: **Expected Date of Graduation:** Type of Diploma: Colleges applied to Course of Study Accepted/Not Accepted College you expect to attend: (or circle first choice if not yet heard) Estimated cost of your first year of college:

Estimated Financial Aid (if known) \_\_\_\_\_\_Your (and parents) contribution \_\_\_\_\_



Explain why you have chosen this field of study:
Explain how you expect to use your training:
PREVIOUS TRAINING AND EXPERIENCE  Special training in high school:
Special training outside of school (private study, advanced study at college level):
Other extra-curricular activities (include community involvement):
List participation in SCT Activities:
List participation in any musical and/or dramatic activities:



Are there any special circumstances the scholarship comi.e. Illness in the family, parent unemployment, change in	
Please list any additional information about yourself w (Use additional paper	
You may also attach a resu	me if you wish.
Applicant's Signature	
D /	
Date	
Mail completed application form to:	
Michele Peters; SCT Scholarship Chairperson	
50 Duncan Lane	
Gansevoort, NY 12831 (518) 695-5480	
(Please include a recent photo if you have one)	

DEADLINE for completed application and  $\underline{three}$  (3) recommendation forms is: Postmarked  $\underline{On}$  or  $\underline{Before}$  April 15, 2017