



**SCHUYLERVILLE COMMUNITY THEATER 2020
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 • (518) 695-5480

(POSTMARKED ON OR BEFORE APRIL 20th)

Applicants Name: _____

Home Address: (Street) _____

(Town) _____ (State) _____ (Zip Code) _____

Telephone #: _____ Date of Birth: _____

email address(es) _____

Father's Name: _____ Occupation: _____

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 from all schools)

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 committee should be aware of (extreme hardship i.e. illness in the family, parent unemployment, change in family structure?)

Please list any additional information about yourself which may be pertinent to this application.
(Use additional paper if needed)

You may also attach a resume if you wish.

Applicant's Signature

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 **THREE** (3) recommendation forms is:

Postmarked **ON** or **BEFORE** April 20th

**Remember an incomplete packet (3-page application form, three reference forms)
invalidates the application)**