



**CONFIDENTIAL RECOMMENDATION FORM
SCT SCHOLARSHIP APPLICANT**

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 on or before APRIL 20th. A missing recommendation form can invalidate an application.**

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

*Please return postmarked on or before:
April 20th*

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. Please return this form on or before **April 20th**.....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: _____

Please return recommendation form postmarked on or before April 20th