



## SCHUYLERVILLE COMMUNITY THEATER 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 20<sup>th</sup>)**

**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 20<sup>th</sup>**

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