

STAGE WEST COMMUNITY PLAYHOUSE

YOUTH SCHOLARSHIP APPLICATION

Name of Applicant \_\_\_\_\_ Applicant's Age \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

School Applicant Attends \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Years of performing \_\_\_\_\_ Name(s) of production(s) and where \_\_\_\_\_

Years in technical arts \_\_\_\_\_ Name(s) of production(s) and where \_\_\_\_\_

Years of Study in Voice Training \_\_\_\_\_ Name(s) of Vocal Coach(es) \_\_\_\_\_

Classes or Lessons in which the Applicant has been enrolled during his/her high school career.

\_\_\_\_\_  
\_\_\_\_\_

Location of Classes or Lessons \_\_\_\_\_

Plan of Study: Where? (Name of School) \_\_\_\_\_

When do you plan to attend? \_\_\_\_\_

What area of study? \_\_\_\_\_

Extracurricular and Community Activities and Interests \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Honors and/or Awards \_\_\_\_\_

\_\_\_\_\_

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GUIDANCE COUNSELOR RECOMMENDATION

Applicant's Name \_\_\_\_\_

Please indicate the applicant's cumulative grade point average \_\_\_\_\_ for school year \_\_\_\_\_

Recommendation:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

**Note:** Application and adjudication is made, accepted and/or performed without regard to race, religion, national origin, sex or disability and any other prohibited discrimination as defined in Title VI of the Civil rights Act of 1964, section 504 of Rehabilitation Act of 1973 or Executive Order 11246.

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**APPLICANT'S WRITTEN STATEMENT**

Using no more than one typewritten page, please share your future plans or career aspirations in voice, performing arts and/or technical arts and describe how the scholarship award will help you reach your goals.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent/Guardian

\_\_\_\_\_  
Date

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PERSONAL RECOMMENDATION FORM

(to be completed by an adult who is not a member or relative of the applicant's family)

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

2. Why do you believe the student will be successful in his/her continuing education and/or vocal arts career?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there unique factors that make the student especially worthy of receiving scholarship support? (talent, self-directed, special needs, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER