



ACTORSINGERS MEMORIAL SCHOLARSHIP APPLICATION

Name: _____ Age: _____

Address: _____

E-mail address _____ Phone: _____

Name of High School: _____ Expected graduation date: _____

Name of college planning to attend: _____

Address of College: _____

Phone: _____

Planned area of studies: _____

1) List all of the following that apply. Include length of service and awards/special recognition received for each. (If additional space is needed, attach 8-1/2 x 11 sheet of paper. Clearly indicate category at top.)

Actorsingers Activities:

Volunteer/Community Activities:

Membership in Other Organizations/Clubs/Hobbies:

Employment:

Academic Honors:

Performance/Public Speaking:

Other:

2) Three Paragraph (minimum) Essay on what applicant has learned the most while performing.

3) Attach letter from present school describing academic record over last two years.

4) Attach Letters of Recommendation (2 minimum) from non-family, non-Actorsingers members

Applicant Signature: _____ Date: _____

All scholarships awarded regardless of sex, religion, or national origin of applicant.

Send completed application by **May 1st**:

Chuck Emmons
Actorsingers Scholarship Chairman
PO Box 91
Nashua, NH 03061