

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