

STAGE WEST YOUTH SCHOLARSHIP IN THEATRICAL ARTS and THE IRV CLARK VOCAL SCHOLARSHIP

Information and Instructions for Applicants

Stage West Community Playhouse will award three scholarships in the THEATRICAL ARTS and one VOCAL scholarship to no less than four senior high school students in Hernando County during the current school year. Students who have volunteered at Stage West Playhouse and reside outside of Hernando County may also apply. The purpose of this scholarship is to help aid promising high school students involved in the performing and the technical arts as they pursue furthering their arts education at the collegiate level.

Scholarship recipients will be chosen based on their artistic or technical ability, academic achievement, personal recommendations, and the applicant's written statement.

ELIGIBILITY To be eligible, an applicant must meet the following criteria:

1. Be a high school senior in a public or private school in the Hernando County, or a senior who resides outside of Hernando County, but who has volunteered at Stage West.
2. Have successfully completed arts or technical classes or individual lessons either in school or privately during his/her high school career or who has volunteered at Stage West.
3. Be registered or plan to register in a higher form of education relating to furthering either their vocal or theatrical experience.

APPLICATION To be accepted for consideration, an applicant must submit the following items:

1. Application Form (**EITHER** page 2 – for Theatrical Arts **OR** page 3 – for Vocal)
2. Guidance Counselor's verification of grade point average and recommendation (page 4)
3. Applicant's Statement (page 5)
4. Two Recommendation Forms (pages 6 and 7)
5. Though rare, an applicant may be required to attend a personal interview to discuss or to demonstrate their ability.

NO APPLICATION WILL BE CONSIDERED THAT DOES NOT MEET THE ABOVE REQUIREMENTS AND DEADLINES LISTED BELOW. APPLICATIONS MAY BE MAILED OR DROPPED OFF AT THE STAGE WEST BOX OFFICE.

MAILING INSTRUCTIONS: All application materials must be included in ONE envelope which is clearly marked with the applicant's name and address and mailed to:

Stage West Community Playhouse
Stage West Youth Scholarships
8390 Forest Oaks Blvd.
Spring Hill, FL 34606

DEADLINE: Applications and the required materials **MUST BE RECEIVED NO LATER THAN April 15th.**

Note: Applicants and other materials will not be returned and will become the property of Stage West Community Playhouse.

APPLICATION for STAGE WEST YOUTH SCHOLARSHIP IN THEATRICAL ARTS

Name of Applicant _____

Applicants Age _____ Date of Birth _____ Daytime Phone # (_____) _____

Street Address _____

City _____ County _____ Zip _____

School Applicant Attends _____

Name of Parent(s) or Guardian(s) _____

Parent's/Guardian's Daytime Phone # _____

Parent's/Guardian's Address (if different from above) _____

Area(s) of Study in Theatrical Arts _____ Years of Study _____

Theatrical Arts Classes/Lessons in which the applicant was enrolled during his/her high school career.

Location(s) of Classes/Lessons _____

Theatrical Arts Teacher's Name(s) _____

Plans for Further Study:

Where? (Name of School) _____

When do you plan to attend? _____

Area of Study _____

Extracurricular and Community Activities and Interests _____

IF you volunteered at Stage West Community Playhouse, please specify in WHAT capacity and WHEN (or for what show) you volunteered. If necessary, you may continue to the back of this sheet.

Honors and/or Awards _____

APPLICATION for the IRV CLARK VOCAL SCHOLARSHIP

Name of Applicant _____

Applicants Age _____ Date of Birth _____ Daytime Phone # (_____) _____

Street Address _____

City _____ County _____ Zip _____

School Applicant Attends _____

Name of Parent(s) or Guardian(s) _____

Parent's/Guardian's Daytime Phone # _____

Parent's/Guardian's Address (if different from above) _____

Name(s) of Vocal Coach(es) _____ Years of Study _____

Vocal Classes/Lessons in which the applicant was enrolled during his/her high school career.

Location(s) of Classes/Lessons _____

Choral Teacher's Name(s) _____

Plans for Further Study:

Where? (Name of School) _____

When do you plan to attend? _____

Area of Study _____

Extracurricular and Community Activities and Interests _____

IF you volunteered at Stage West Community Playhouse, please specify in WHAT capacity and WHEN (or for what show) you volunteered. If necessary, you may continue to the back of this sheet.

Honors and/or Awards _____

APPLICATION for STAGE WEST YOUTH SCHOLARSHIP
GUIDANCE COUNSELOR RECOMMENDATION

(To be completed by Applicant's Guidance Counselor)

Applicant's Name _____

Please indicate the Applicant's OVERALL Grade Point Average _____

Please include your recommendation below. You may speak to the Applicant's worthiness for this scholarship, as to whether this Applicant will be successful in his/her pursuit of higher education, or anything else you feel may be pertinent and/or helpful for the Scholarship Committee to consider.

Signature

Title

Date

School

Note: Application and adjudication is made, accepted, and/or performed without regard to race, religion, color, 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.

APPLICATION for STAGE WEST YOUTH SCHOLARSHIP

APPLICANT'S WRITTEN STATEMENT

Using no more than one typewritten page, please share your plans or career aspirations in either your pursuit of the theatrical arts or voice. Also describe how the scholarship award will help you reach your goals. You may attach your statement to this page if so desired.

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian

Date

APPLICATION for STAGE WEST YOUTH SCHOLARSHIP

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 applicant will be successful in his/her continuing theatrical arts or vocal education?

3. What are the unique factors that make the student worthy of receiving scholarship support? (talent, self-motivation, special needs, etcetera.)

4. Additional comments or insights.

Signature

Date

Please Print Your Name Here

Address

City

Zip

Telephone Number

APPLICATION for STAGE WEST YOUTH SCHOLARSHIP

Theatrical Arts or Vocal Recommendation Form

(To be completed by an adult who is familiar with Applicant's abilities)

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

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

3. What is your assessment of the Applicant's abilities in his/her area of study?

4. Please check the appropriate line:

	Not Observed	Average	Good	Superior
Self-discipline	_____	_____	_____	_____
Level of Artistic Ability	_____	_____	_____	_____
Commitment to Artistic Growth	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Concentration	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Acceptance of Criticism	_____	_____	_____	_____

5. Are there unique factors that make the applicant worthy of receiving scholarship support? (talent, self-motivation, special needs, etcetera.) Additional comments may be made on a separate sheet, if necessary.

Signature

Title

Date

Please Print Your Name Here

Address

Telephone Number