

Crystal Theatre Scholarship

304 Superior Avenue
P. O. Box 275
Crystal Falls, Michigan 49920
(906) 875-3208

STUDENT APPLICATION FORM

The Crystal Theatre Scholarship is only given to students who have volunteered at the theatre. As a volunteer they must contact the Board of Directors and register to begin working on accumulating volunteer hours. The amount of the scholarship is based on number of hours volunteering.

During their senior year students may apply for the scholarship. All information is to be directly delivered to the counselor in the Guidance Office.

Date of Application: _____

Full Name: _____
(First) (Middle) (Last)

Home Address: _____

Phone: _____ Grade Point Average: _____

Have you applied for admission? _____ Have you been accepted? _____

Name of College, Vocational, or University you plan to attend:

Intended field of study: _____

Eligibility Criteria:

1. Candidate must attach a Crystal Theatre Volunteer Statement, signed by a theatre Board member, indicating the type of service and number of hours participating as a volunteer.
2. Candidates must have been accepted into a program at a college, vocational or university to begin the first regular Fall semester or term.
3. Candidate must have a C or better grade point average.
4. Candidate must attach a Personal Statement, which includes comments on their intended field of study.

5. Financial need of applicant may be a consideration.
6. Candidate must attach an Activities Statement indicating what extra-curricular activities the candidate participated. (Include both in-school activities and volunteer activities outside of school.)
7. Candidate must have completed high school by the end of the school year.
8. Candidate must provide a reference letter from a teacher or non-family person that the student has demonstrated good character including a positive and respectful attitude and is a good citizen of the school and community.
9. This scholarship is not renewable. The scholarship payment will be payable in full directly to the student.
10. A completed application must be returned to the Guidance Office by **March 15**. Failure to turn in your application by the date will result in being ineligible to apply for this scholarship.

Addendum:

Revocation shall be by the action of a majority of the members of the Board of Directors of Crystal Theatre.

Signature of Applicant: _____ Date: _____

Check list of required documents:

- Crystal Theatre Volunteer Statement signed by a theatre Board member
- Personal Statement
- Activities Statement
- Reference Letter
- Parent Application Form

Deadline to submit application and documents to Guidance Office is **March 15**.

PARENT APPLICATION FORM

Name of parent or guardian completing this form: _____

Home Address: _____

Phone: _____

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

Please note below any statement you may wish to make which will assist the Crystal Theatre Board of Directors in consideration of the applicant:

I hereby certify that the above statements are correct.

Signature of parent or guardian: _____ Date: _____

RELEASE OF INFORMATION

Signature of Applicant: _____ Date: _____