



SARAH ADICOFF MEMORIAL SCHOLARSHIP

Application Deadline: May 15, 2014

APPLICANT INFORMATION

Name _____
Last First Middle

Father's Name _____ Mother's Name _____

Mailing Address _____
Street Address City State Zip Code

Permanent Address (if different from above) _____

Email _____ Home Telephone _____

SCHOOL INFORMATION

High School Name _____ City/State _____

Cumulative HS GPA _____ Expected Date of Graduation _____

List any plays or musicals in which you have participated in the last 4 years and the company or school with whom you performed.

Indicate any performing arts camps or classes in which you have participated.

Describe your goals in the performing arts.

Please write a short essay explaining why you believe you should receive this scholarship. (You can add a separate sheet of paper if necessary.)

Please include the following with this application form.

- **completed SPACC registration form**
- **letter of recommendation from teacher/director – (due to conflict of interest, nobody serving on the STP committee can write a recommendation)**

Finalists will be contacted for an interview with STP Staff & Committee members.

Send to: St. Thomas Episcopal Church, PO Box 1070, Sun Valley, ID 83353