Leelanau Players Leelanau Players P.O. Box 577

Suttons Bay, MI 49682

General Scholarship Information

- 1. The Leelanau Players Scholarship has been established for promising high school students interested in the theater arts.
- 2. The scholarship award is to be applied toward the enrichment of the applicant in the realm of theater arts.
- 3. To be considered, the applicant must be attending a Leelanau County School.
- 4. To be considered, the student must be in good standing with their school district.
- 5. After purpose for which scholarship has been awarded is complete, applicant will share their experience at a Leelanau Players Board meeting. This will be scheduled with the Board.
- 6. Applicants must complete entire application along with three recommendations. Two must come from non-relatives. One must be from a teacher.
- 7. All application should be typed, handwritten, or computer generated by the applicant. Please enclose one recent personal photograph with the application. (This will not be returned.)
- 8. Application should be sent to: Leelanau Players, PO Box 577, Suttons Bay, MI 49682. Postmarked by March 31.
- 9. A personal interview may be held for finalists.
- 10. Applications from previous award winners will not be considered.
- 11. It is the responsibility of the applicant to assure that all information arrives by the deadline.
- 12. The Leelanau Players Board reserves the right to disperse the award as it determines.
- 13. Scholarship awards will be announced at the Leelanau Players May Board meeting.



Biographical Information

Name	Date
Home Address	
Home Telephone	E-mail
School	City
Current Grade	School Telephone
First time applicant ? Yes	No If no, last application date
Yo	ou may use an addition sheet of paper
	oose for which you would use the scholarship. (i.e. Names, cal Art, General Information, etc.)
Please state your performing arts	s objectives and your future in performing arts.
Have you worked with the Leela involvement.	nau Players in the past? If so, please describe your
How did you hear of the scholars	shin?



Mailing Address_____

Recommenda	ation Form
School Yea	ır

P.O. Box 577 Suttons Bay, MI 49682	School Year
Please type or print and note the dead	
Applicant	Date
Recommender (check one) Teacher Non-Relative_	
know the applicant (check one) Thoroughly Fairly	Superficially
We would like your frank, confidential statement based on your known association with the applicant and the reasons you believe he/she scholarship. Please state how you see the applicant's future in the	would be a worthy candidate for the
Signature of Recommending Party	
Name of Recommending Party	