

# Willow Manor Players

[www.WillowManorPlayers.org](http://www.WillowManorPlayers.org)

## Ruth Kletzing Memorial Scholarship

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Family Details

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation / Work Place: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation / Work Place: \_\_\_\_\_

Address: \_\_\_\_\_

Combined GROSS Income: \_\_\_\_\_

Please enter the names & ages of other children in the family, indicating which, if any, are presently attending college.

Child 1 Name: \_\_\_\_\_ In college? Yes / No

Child 2 Name: \_\_\_\_\_ In college? Yes / No

Child 3 Name: \_\_\_\_\_ In college? Yes / No

Child 4 Name: \_\_\_\_\_ In college? Yes / No

## Your Details

Name of Your High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

List extracurricular activities and the high school year you participated in each one:

List the colleges to which you have applied to attend. Place an (\*) after any for which you have been accepted.

Which college is your 1st choice? \_\_\_\_\_

What is your planned major? \_\_\_\_\_

What is your anticipated 1st year costs for tuition? \_\_\_\_\_

What is your anticipated 1st year costs for books? \_\_\_\_\_

What is your anticipated 1st year costs for room & board? \_\_\_\_\_

Discuss your goals (including academic & career):

Discuss your musical / theatrical background including what, where & when: (attach resume if appropriate)

List the names and addresses of two ***non-relatives*** who are willing to submit letters of recommendation for you. One must be from a person who is familiar with your musical/theatrical background. ***These letters must be received by June 8th*** and should be emailed to [fulloflafs@yahoo.com](mailto:fulloflafs@yahoo.com) **OR** be printed and mailed to the address below.

Recommendation #1 – Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Recommendation #2 – Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please read the following statement and sign below:

"To the best of my knowledge, the information presented herein is correct."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print accepted for online submission)

Letters of recommendation and completed applications should be mailed to:

**Willow Manor Players**

c/o Linda Worrall

1421 Sweetbriar Drive

Jamison PA 18929

OR

Email information to [fulloflafs@yahoo.com](mailto:fulloflafs@yahoo.com)