

Willow Manor Players

www.WillowManorPlayers.org

Ruth Kletzing Memorial Scholarship

Full Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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
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Child 2 Name: _____	In college?	Yes	No
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Child 3 Name: _____	In college?	Yes	No
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Child 4 Name: _____	In college?	Yes	No
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Child 5 Name: _____	In college?	Yes	No
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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 8, 2018*** and should be 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: _____

Letters of recommendation and completed applications should be mailed to:

Willow Manor Players
c/o Kevin Gallagher
231 Mallard Drive
North Wales, PA 19454

All applications must be postmarked by ***June 8, 2018***
or email KGallagher314@gmail.com