



TWIN CITY PLAYERS SCHOLARSHIP COMMITTEE
Brian Swiger Memorial Scholarship
APPLICATION

This scholarship was established in memory of Brian Swiger, who from the age of 8 until his death at age 18, contributed to many productions at Twin City Players either acting, set building, working lights or helping back stage. The Brian Swiger Memorial Scholarship is an annual \$1000 scholarship awarded to a Berrien County high school graduating senior in recognition of his/her past, current, and potential future contributions to the theater community. However, the scholarship may be used for any field of study.

To be considered for this scholarship, you must:

- Be a resident of Berrien County as a senior graduating from an accredited Berrien County high school.
- Have a 2.5 accumulated GPA
- Complete the entire form (Typewritten applications are preferred but not required).
- The completed application must be received by March 31st
- Include a current grade transcript.
- Attach a typed statement of 300-500 words (authored by you) on the following topic: "How do you feel your experience with the Arts has affected you and your community?"
- Additional information should be attached to the back of this document. Typewritten additional information is preferred but not required.

Applications will be disqualified for further consideration if ALL of the above criteria are not met and received by the deadline stated.

APPLICANT INFORMATION

If there is insufficient space for completing any item, attach a separate page with the additional information and reference the corresponding item number.

1. _____
 Students Full Name Social Security Number _____

_____ Phone Number _____
 Students Address

_____ State _____ Zip _____
 City

2. _____
 Parent or Guardian Name

_____ Phone Number _____
 Parent or Guardian Address

_____ State _____ Zip _____
 City

3. _____
 Name of Graduating High School

_____ Cumulative GPA _____
 Date of Graduation

4. List college(s)/institution(s) applied to or accepted by:

5. List school organizations to which you belonged and any offices you held:

6. List any other extracurricular activities/interests you pursued while in school:

7. List any academic, vocational, artistic, social, or athletic honors/awards you have received:

8. List and describe all work and volunteer experience outside of school:

9. Briefly state your educational/career goals:

10. List and describe all work and volunteer experience with Twin City Players:

11. List scholarships, grants, loans, work-study programs etc., which you have received or expect to receive:

12. List the name, address, and phone number of two character references that are not related to you:

Name	Occupation
Address	Phone Number
City	State Zip
Name	Occupation
Address	Phone Number
City	State Zip

I hereby authorize the Twin City Players Scholarship Committee to verify any information contained on this application. All information provided with this form becomes the property of Twin City Players. Letters of reference and/or a personal interview may be requested. I understand that making any misleading or untruthful statements may result in my disqualification.

In the event I am awarded the Brian Swiger Memorial Scholarship and later am determined ineligible due to inaccurate or false information, the committee reserves the right to award the scholarship to an eligible alternate.

I understand that the scholarship money will be paid directly to the successful candidate's college or institution and must be used within 18 months of the date awarded or the scholarship will be forfeited.

Applicant Signature _____

Date _____

Parent or Guardian Signature _____

Date _____



Return the completed application by March 31st to:

TWIN CITY PLAYERS
Scholarship Committee
PO Box 243
St. Joseph, MI 49085

THIS APPLICATION MAY BE REPRODUCED

TCP USE ONLY:

Date Application Received

College or Institution Name

Department

Address

Phone Number

City

State

Zip