

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 backstage. The Brian Swiger memorial Scholarship is an annual up to \$1,000 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. TCP reserves the right to grant multiple awards.

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 G.P.A.
- Complete the entire form (typewritten applications are preferred but not required).
- Submit completed application by March 31.
- Include a current grade transcript.
- Attach a typed essay of 300 – 500 words (authored by you) on the following topic: “Tell us about an artistic endeavor that you participated in, or viewed, and its impact on you and your world view.”

Applications shall be disqualified for further consideration if ALL of the above criteria is 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. Student's Full Name: _____ S. S. # _____
Student's Address:
Street: _____ Phone # _____
City: _____ State _____ Zip _____

2. Name of Parent or Guardian: _____
Parent/Guardian Address:
Street: _____ Phone # _____
City: _____ State _____ Zip _____

3. Name of Graduating High School: _____
Date of Graduation: _____
Cumulative G.P.A.: _____

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

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

6. Describe any other extra-curricular activities/interests you pursued while in school: _____

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

8. Describe all work and volunteer experience outside of school, and describe all TWIN CITY PLAYERS activity: _____

9. Briefly state your educational/career goals: _____

10. List scholarships, grants, loans, work-study programs, etc., that you have received or expect to receive: _____

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

Name: _____ Occupation: _____
Street: _____ Phone # _____
City: _____ State _____ Zip _____

Name: _____ Occupation: _____
Street: _____ Phone # _____
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 forfeit.

Signature

Date

Signature of Parent/Guardian

Date

Return completed application by March 31 to:

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

THIS APPLICATION MAY BE REPRODUCED

TCP use only

Date Application Received:

College/Institution Name: _____ Dept. Name _____

Street: _____ Phone # _____

City: _____ State _____ Zip _____