

## 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 \$1,500 scholarship awarded to Berrien County high school graduating senior(s) in recognition of their 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: \_\_\_\_\_

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

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

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

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

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9. Briefly state your educational/career goals: \_\_\_\_\_

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

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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 a 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 24 months after the beginning of the Fall semester following 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 (Revised 1/23/2023)

Date Application Received: \_\_\_\_\_

College/Institution Name: \_\_\_\_\_ Dept. Name \_\_\_\_\_

Street: \_\_\_\_\_ Phone # \_\_\_\_\_

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