

SARAH ADICOFF MEMORIAL SCHOLARSHIP

Application Deadline: May 1, 2023

Please include the following with this <u>2-page</u> application form.

- o completed **SPACC** online registration.
 - Contact Sara or Joanna for assistance
- o letter of recommendation from teacher/director -
 - Due to conflict of interest, no one serving on the STP committee can write a recommendation.

Finalists may be contacted for an interview with STP Staff & Committee members.

Send to: St. Thomas Episcopal Church, Att: Sara Gorby P.O. Box 1070, Sun Valley, ID 83353

APPLICANT INFORMATION

Name				
Last		First	Middle	
Father's Name _		Mother's Nam	ne	
Guardian's Name	nardian's Name Guardian's relationship			ionship
Mailing Address ₋				
	Street Address	City	State	Zip Code
Age	Grade	Gender		
Permanent Addre	ess (if different from al	oove)		
Email		Home Telephone		
SCHOOL INFO	ORMATION			
High School Name		City/State		

Cumulative HS GPAExpe	ected Date of Graduation
List any plays, musicals, concerts, dance recital participated in the last 4 years and the compani	
Indicate any performing arts camps or classes	in which you have participated.
Describe your goals in the performing arts.	
Please write a short essay explaining why you l (You can add a separate sheet of paper if nece	