SARAH ADICOFF MEMORIAL SCHOLARSHIP

High School Students Only
St. Thomas Playhouse SPACC Tuition Merit-Based Award

Application Deadline: May 1, 2024

Please include the following with this 2-page application form.

- o completed **SPACC** online registration.
 - Contact Sara or Joanna for assistance
- o letter of recommendation from the teacher/director
 - Due to a 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	Mido	Middle	
Father's Name	Mother's Name				
Guardian's Name_	Guardian's relationship				
Mailing Address _					
		City			
Age	_ Grade	Gender			
Permanent Addres	s (if different from	above)			
Email		Home Telephone			
SCHOOL INFOI	RMATION				
High School Name	e	City/St	ate		

Cumulative HS GPA	_Expected Date of Graduation
	ce recitals, performances etc. in which you have company or school with whom you performed.
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 we can add a separate sheet of paper if nec	thy you believe you should receive this scholarship. (You sessary.)