

Instructions for the WTG Scholarship Application:

1. Print the following page (application)
2. Complete all parts of the application
 - a. Do NOT forget:
 - i. 2 letters of recommendation
 - ii. A no more than 200 word personal essay.
 - iii. Headshot photo (will not be returned) and resume.
3. Mail your completed application to:
Webster Theatre Guild
PO Box 670
Webster, NY 14580
Attention: Joseph S. Obbie Memorial Scholarship Award.

Please make sure your application is complete and postmarked by *the second Monday in May*. Incomplete and late applications will NOT be accepted.

Webster Theatre Guild uses the following criteria to decide recipients of scholarships:

- Webster Theatre Guild Participation
- Other Performing Arts Participation
- Community Involvement
- Written Essay
- Letters of Recommendation provided

The Joe Obbie Scholarship is intended for graduating high school seniors pursuing their first year of post secondary education at an accredited institution



Scholarship Application Form



Webster Theatre Guild, Inc.
Joseph S. Obbie Memorial Scholarship Award
P.O. Box 670
Webster, N.Y. 14580

APPLICATIONS MUST BE POSTMARKED BY the second Monday in May.

Name: _____ Date: _____

Address: _____

Phone: _____ E-Mail: _____

High School: _____ College: _____

GPA: _____ Graduation Date: _____ Major: _____

References:

Please attach two letters of recommendation.

Webster Theatre Guild Participation (if any):

<u>Show Title</u>	<u>Part*</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Performing Arts Involvement:

<u>Name / Title</u>	<u>Part*</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(*Part- Actor, Dancer, Ensemble, Set Design and/or Construction, Costume Design and Sewing, Lighting Design and Placement, Stage Crew, Director, Instrumentals, Conductor, Choir Member, Rock Band, etc.)

Community Involvement/Activities:

Please attach a resume detailing your community involvement.

Please include a **200 word essay** on how the performing arts have enhanced your life, your involvement in the community, and how you plan to continue your involvement in the arts.

Please return all materials to the address above postmarked by **the second Monday in May. Applications will not be considered if incomplete. Your signature below indicates your consent to use your name and likeness, in and for Guild materials relating to the Joe Obbie Scholarship including press releases and similar materials.**

Music Teacher or Advisor: _____ Phone: _____

Signature of Applicant: _____ Date: _____