

**Scholarship Application**  
**Liederkrantz/Catherine Fosket Children's Theatre Scholarship**

2015 Graduating High School Senior

In order to apply for this Scholarship, this application is to be completely filled out by typing or neatly printing.

**APPLICANT INFORMATION**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FAMILY**

**Father's Full Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Home Address (if different than yours): \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Home Address (if different than yours): \_\_\_\_\_

Number of Siblings & Ages \_\_\_\_\_

Relative member of Liederkrantz? \_\_\_\_\_ If yes, name and relationship \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ City \_\_\_\_\_

Major Area of Study \_\_\_\_\_

Class Rank: \_\_\_\_\_ Number in Class: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ ACT or SAT Score: \_\_\_\_\_

College You Plan to Attend \_\_\_\_\_ Have You Applied? \_\_\_\_\_

**CIVIC/SCHOOL ACTIVITIES**

Have you ever been in a Catherine Fosket/Liederkrantz Children's Theatre Production \_\_\_\_\_

If so, which one(s) and what years(s) \_\_\_\_\_

Please attach a resume of School and Personal Activities, Work Experience, Honors and Awards received.  
List description and dates.

Please attach your one page narrative according to the guidelines on the Scholarship Application Procedure.

**Liederkrantz/Catherine Fosket Children's Theatre**  
**Scholarship Application Procedure**  
**for 2015**

*Graduating High School Senior*

Graduating high school seniors applying for the this Scholarship must follow these procedures:

1. Complete the attached scholarship application form.
2. Provide a high school transcript, current through the fall semester of your senior year.
3. Provide your scores on any standardized tests taken during high school (ACT, SAT, etc.)
4. Have three recommendation forms completed. Select faculty members, school administrators or other staff, employers, co-workers, or other persons who can attest to your qualifications. (Ask each reference to give you their recommendation personally and include it with your application.)
5. Provide, if available, a photocopy of your application for admission to the post-secondary institution you have selected to attend and acceptance letter if available.
6. Provide a typed personal statement, in approximately 250 words, discussing one of the following:
  - A. If you were to receive this scholarship, how would it make a difference for you?
  - or B. What is the biggest challenge you have faced and how did it change your life?
  - or C. If you could have any job you want, any job at all, what would it be and why?
  - or D. Describe your strengths and achievements.
7. All of the above items must be received by the Liederkrantz/Catherine Fosket Scholarship Committee no later than **March 15, 2015**. The address is:

**Liederkrantz/Catherine Fosket Children's Theatre**  
**Scholarship Committee**  
**Attn: Gloria Otradovsky**  
**P. O. Box 325**  
**Grand Island, NE 68802-0325**