

**St. Clair Theatre Guild**  
**John & Avis Cobb Memorial Fine Arts Scholarship**  
**2017 Application**

*(For scholarship criteria, please visit [www.sctg.org/cobb-scholarships](http://www.sctg.org/cobb-scholarships))*

Date \_\_\_\_\_

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian or nearest relative \_\_\_\_\_

Intent for scholarship funds

\_\_\_\_\_  
\_\_\_\_\_

Major area of study \_\_\_\_\_

Institution or Organization that you wish to attend

\_\_\_\_\_

School presently attending \_\_\_\_\_

Grade Point Average \_\_\_\_\_

References: Please list at least three (3) personal references, not currently living with you and have each provide a Letter of Recommendation to be sent with your Application.

Name, address, & relationship

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Summarize your experience with the St. Clair Theatre Guild.

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Please list any other qualities/traits/experiences that you feel warrant consideration of the Committee (*use additional paper if necessary*).

Applicant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

All applications MUST be mailed to the following address to be considered:

**St. Clair Theatre Guild  
c/o Scholarship Committee  
PO Box 136  
Saint Clair MI 48079**

If you have any questions regarding the application, please contact the St. Clair Theatre Guild at [www.sctg.org/contact-us](http://www.sctg.org/contact-us).

Applications must be postmarked and received at the above address by April 15, 2017.