Dean Stroop Memorial Scholarship Award One \$1,000 award & one \$500 award Please return to Alison Stroop 304 Shady Knoll Rd.

Montoursville, PA 17754 or email to deanstroopscholarship@gmail.com By MAY 5th

NAME	HIGH SCHOOL
ADDRESS	HOME PHONE
	E-MAIL
ACADEMIC RECORD	
*Please attach a copy of	your high school academic transcript to this application.
ARTISITIC ACCOMPLISHM	IENTS OR HONORS EARNED
CAREER PLANS	
	reer plans or how you hope to use your scholarship: to plan on majoring in music, dance or theatre.)
List Colleges or University	ties to which you have applied:
College or University acc	cepted by or hoping to attend:

Intended major or field of study:
MUSIC, DANCE AND/OR THEATRE RELATED COMMUNITY PARTICIPATION:
List any community groups, camps, teaching/mentoring, etc. that you have participated in and give year(s):
NON-ARTS RELATED AND/OR COMMUNITY PARTICIPATION:
List any community or school related activities and awards such as Boy Scouts, Girl Scouts, 4 - H, sports, etc. and year(s) of participation:
LETTERS OF RECOMMENDATION
*Please attach a letter of recommendation from an adult (pastor, priest, employer, priva instructor, coach, or teacher)
ESSAY
In essay form, describe why you should be selected to receive the Dean Stroop Memorial Scholarship. Essays should be typed (or written legibly) on a separate sheet of paper, and should be an example of your best writing.
VERIFICATION
We attest to the authenticity of the information contained in this application:
Signature of Applicant Date Signature of Parent or Guardian Date