** Application Must Be Postmarked No Later Than April 12, 2024 **

(Please type or print neatly using a pen)

Thank you for your interest in the performing arts and specifically in the FungusAmongus Players. Our scholarship program is designed to inspire young people to participate in FungusAmongus productions and to recognize young people for your participation. This scholarship recognizes individuals who have participated in FungusAmongus productions in multiple capacities. Scholarships will be awarded to those individuals who demonstrate they have done more then just act or sing in a chorus, we are looking for individuals who have supported the productions in technical aspects as well as performing.

Personal Information:		
Name:		
	Last, First, MI	
Permanent/Home Address:		
	Street	
	City, State, and Zip	
Phone:		
Address while at school:		
	Street	
	City, State, and Zip	
Email Address:		
Application Eligibility:		
FungusAmongus performances applicant participated in; and in what capacity. (List the production(s), season and role or capacity e.g. Secret Garden, Summer 2023, children's chorus, Bloody Murder, Fall 2023, lighting tech)		

3. Certification:

I/we certify that, to the best of our knowledge, the information contained in, and attached to, this application is true. I hereby consent to the release of my post-secondary school transcript and/or records to members of the FungusAmongus Scholarship Committee for the sole purpose of evaluating my candidacy for a scholarship.

	Applicant's Signature:			
	Date:			
	Parent/Guardian Signature			
	Date:			
4.	Present School			
	Name of School:			
	☐ High School or ☐ Post-Seco	ndary School		
	Address of School:			
		Street		
		City, State, and Zip		
	Phone Number of School:			
	Post-Secondary Class in the Up	coming Fall Term:		
	☐ Freshman ☐ Sophomore	☐ Junior	☐ Senior	☐ 5th Year
	Degree Expected:			
	Expected Graduation Date:			

5.	Education E	Background	I (only required	for applicant	s who are	e currently	in college):
	Name of High	School:					
	Address of So	chool:					
			Street				
			City, State, and Z	lip			
	Date of Gradu	uation:					
6.	Cumulative	Grade Poin	nt Average				
	High School (GPA:			as of		
						Month / Year	
	A =	pts	B =	pts	C =		pts
	Other informa	ation, such as					
	Post-Seconda	ary GPA:			as of		
						Month / Year	
	A =	pts	B =	pts	C =		pts
	Other informa	ation, such as					
7.	High Schoo	l Extra-curr	icular Activitie	es:			
	Student Orga	nizations:					
	Community A	ctivities:					
	Awards / Rec	ognitions:					

8. Post-Secondary Extra-curricular Activities (if applicable): Student Organizations: Community Activities: Awards / Recognitions Earned: **Career/ Post-Secondary Plans:** 9. 10. Work and/or Volunteer Experience: Employer / Organization: Address: Street City, State, and Zip Phone Number: Dates of Employment: to Typical Work Schedule: HRs/Week HRs/Month or **Duties:** Employer / Organization: Address: Street City, State, and Zip

	Phone Number:			
	Dates of Employment:		to	
	Typical Work Schedule:	HRs/Week	or	HRs/Month
	Duties:			
11.			additional e	employment and/or
	volunteer positions as necess	ary):		
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12.	In the space provided pro- FungusAmongus should pe reflective of what you want	erform. Is the curren	nt type and	
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<u>INSTRUCTIONS</u>

for completing and submitting scholarship applications

I. General Instructions

- A. Please read these instructions carefully. Complete <u>ALL</u> sections of the application. If a section is not applicable, please state "Not Applicable". <u>Please type or print neatly</u>.
- B. <u>Grade Reports/Transcripts:</u> You must submit an official copy of your current cumulative grade report or transcript for all high school work (if applicant is a high school senior) or for all post-secondary studies (if applicant is a post-secondary student). Current first year post-secondary students should include **BOTH** a high school transcript and a post-secondary transcript.
- C. <u>Letters of Recommendation:</u> You must submit <u>THREE</u> letters of recommendation. The selection committee's preference is to see one letter from the staff or faculty of the school you are currently enrolled in, one from a current or former employer, and one from someone who knows of your community activities or other activities. If the person you ask to write a letter prefers to send it directly to the selection committee, he/she may do so.
- D. <u>Deadline for Receipt of Application:</u> The application packet must be **POSTMARKED** on or before **April 12, 2024**
- E. <u>Mail Completed Application with transcripts, as well as references, to:</u>

Fungus Amongus Players 901 1st ST, PO Box D Dassel, MN 55325

or Email to: support@fungusamongusplayers.org

III. Application Eligibility:

- A. Applicants must have previously participated in multiple FungusAmongus productions varying capacities. Capacity include but not limited to performing, pit orchestra, technical support, set design, stage crew as well as striking the set.
- B. Applicants must be accepted and registered at a postsecondary school of their choice in a degree program of their choice. They do not need to major in the performing arts.
- C. Applicants who have already graduated and already attending a postsecondary school are welcome to apply.
- D. Applicants must demonstrate they have acceptable academic performance and demonstrate they have been involved in a variety of extracurricular activities.
- E. Applicants must demonstrate leadership qualities.
- F. The Application period closes around the first week of April.
- G. The scholarships will be presented during the summer performance or at the Children's Workshop final performance.