

**Maurice Alford Memorial Scholarship
For Theatre Arts/Speech Communication**

Checklist for Applicants

_____ **completed application**

_____ **attached current high school transcript**

_____ **two attached letters of recommendation (from someone not a family member)**

_____ **one page self-essay**

_____ **Mailed to: Alford Scholarship
Attn: Andrea Gustafson
Morris Theatre Guild
760 East Chapin St.
Morris, IL 60450**

All applications must be postmarked by March 15, 2010.

2009 Scholarship Information
Morris Theatre Guild
Maurice Alford Memorial Scholarship for Theatre Arts/Speech Communication

Dear Scholarship Applicant:

Maurice Alford was a charter member of the Morris Theatre Guild from its formation in 1973 until his untimely death in October 2000. Mr. Alford loved performing and was an accomplished public speaker. The objective of the Maurice Alford Memorial Scholarship is to honor Mr. Alford's memory and his contributions to the arts by providing a scholarship to a deserving high school senior who plans to pursue studies in some type of theatre arts or speech communication.

This scholarship is awarded in the amount of \$500 on a one-time only basis for the freshman year.

Scholarship Guidelines

1. The applicant must be a senior in good standing at an area high school.
2. The applicant must have been accepted for enrollment at an accredited college, university, or community college.
3. The applicant must be a full-time undergraduate student to qualify for the scholarship.
4. Selection will be based on a composite grade of academics, academic honors and awards, rank in class, ACT score, school and community activities and service, letters of recommendation, and student written essay.
5. Qualified applicants must complete the application in all its aspects and enclose a high school transcript and mail it to the Alford Scholarship Committee, Morris Theatre Guild: Attn: Andrea Gustafson, 760 E. Chapin St., Morris, IL. 60450. The application must be postmarked by no later than March 15, 2010.
6. Scholarship monies will be credited to the applicant's school, not to the applicant, following certification that the applicant has been enrolled.

Morris Theatre Guild
Maurice Alford Memorial Scholarship
For Theatre Arts/Speech Communication
Morris, IL. 60450

Please type or print in blue or black ink.

Section I: General Information

Name: _____

Social Security Number: _____

Parents' Name(s) _____

Parents' Occupation(s) _____

Home Address: _____

Home Telephone Number _____

High School Name: _____

Expected Graduation Date: _____

College/University You Plan to Attend: _____

Date of Acceptance at College/University _____

Major Area of Study and Degree You Plan to Complete _____

Section II: Academic Information

What is your high school GPA? _____ / _____ (Scale of 4.0 or 5.0)

What is your high school class rank? _____

How many students are in your graduating class? _____

What is your composite ACT score? _____

What high school academic honors have you received?

Have you received other scholarships? Yes _____ No _____

If so, complete the following:

Name of Scholarship

Amount

Section III: Activities

List extra-curricular clubs/organizations/activities to which you belong or in which you participate. Indicate offices held, positions of leadership, awards received.

List church, civic, or community activities; indicate any special recognition or awards received.

Section IV: Self-Analysis

What area of concentration have you chosen to pursue and why did you select this field of study?

Briefly summarize your professional goals?

What do you feel you do especially well?

What do you feel is difficult for you?

Attach two letters of recommendation from individuals (not family) whom you feel can give support for your scholarship application.

Attach a one page typewritten essay explaining why you feel you should be awarded this scholarship and how you feel it will benefit your chosen field of study.

I hereby certify that, to the best of my knowledge, the above information is correct and complete.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Guidance Counselor Signature: _____ Date: _____