

Krause and Kolkman Memorial Scholarship Application

This scholarship is available to any person accepted into an artistic program at a post-secondary school. The award is \$500 a year for two consecutive years of study; beginning with the 2024 academic year to be used for tuition or expenses related to continuing your education.

Requirements:

[] Completed and signed scholarship application.
[] A copy of current transcripts from your current high school or university (If
	currently enrolled)
[] Resume of past experiences
[] Letter to the scholarship board that is two pages long (10 pt., Times New
	Roman, double spaced). This should detail your career/credits as a performance
	artist or technician. Relate how your experiences have affected your life and how
	they incorporate into your long-range goals.
[] Two letters of recommendation from somebody involved in your
	education or extracurricular activity that directly relates to your course of
	study.

Completed application packets are to be postmarked no later than April 15, 2024 and mailed to:

Clio Cast and Crew, Inc. Attn: Scholarship PO Box 184 Clio, MI 48420 All applicants will receive a written response no later than June 30th.

Personal Information:

	1 015	Oliul Illi					
Full Name:							
Address:							
City, State, Zip:							
Phone:			Birth date	2:			
Education Information: (If you are not currently enrolled, please list most recent school)							
(if you are not currently emoned, please list most recent school)							
Current Schools							
City:		Gradu	ation Date:				
Special Certifications:							
Where Certificatio	n						
was received:							
College Information:							
School Attendin	g:						
Locatio	n:						
	C	ourse of	Study:				
[] Theatre	[] Music]] Visual Arts	[] Photography			
[] Film	[] Graphic D	esign [] Art Educatio	n [] Dance			
[] Other:							
How long is this course of study?							
Have you been accepted into this program? [] Yes [] No							
If no, please explain:							
Parental Information:							
Name:							
Address:							
City, State, Zip:							
Contact	Phone						

Extracurricular information:

Please list any extracurricular activit	5
that pertain to your course of stud	y and explain your involvement.
Please list any additional experience prepare you for y	, , , , , , , , , , , , , , , , , , ,
I certify the above information is information is proven to be false, I was scholarship. I understand than my aga determining this scholarship.	vill no longer be considered for this ge, ethnicity or gender play no role in
Applicant Signature:	Date:
Parent/Guardian Signature: (If the applicant is un	Date: nder the age of 18)
(ii the applicant is a	