



JOHN C. RODRIGUEZ SCHOLARSHIP APPLICATION FORM

*Please type or print clearly. Please mail completed application to:
John C. Rodriguez Scholarship Fund, c/o Cabaret for Life
P.O. Box 121, Ocean Grove, NJ 07756.*

APPLICANT INFORMATION

Applicant's Full Name: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Tel: () _____ E-mail: _____

Date of Birth: ____/____/____ Age: _____ Male/Female: _____

How did you learn about the John C. Rodriguez Scholarship?

Friend Newspaper School Other

APPLICANT'S SCHOOL INFORMATION

School Name: _____

School Address: _____

School City : _____

School Telephone: () _____ Grade: _____

School Contact Person: (Teacher/Guidance Counselor, etc.) _____

COLLEGE/UNIVERSITY APPLICATIONS

Please list colleges/universities to which you have applied: _____

Have you received any acceptances yet? Yes No

If YES, please list schools to which you have been accepted: _____

What is your intended major? _____

ARTISTIC INFORMATION:

What art forms do you plan on pursuing? Musical Theater Dance Acting
Vocal Fine Arts

Do you study your art form(s) privately? Yes No

If YES, please provide the teacher's name _____

Teacher's Address _____ Teacher's Phone Number () _____

Have you participated in training programs in schools or organizations? Yes No

If YES, please list the name of the program, school/organization:

How many years have you been studying your art form(s)? _____

List artistic accomplishments, honors or positions you have earned (Region, All-State, theater roles, awards, etc.) in the past three years: _____

STUDENT AGREEMENT

I, _____, understand that there will be an audition for the John C. Rodriguez Scholarship Fund. I agree to accept the decision of the judges and panels as binding. If selected, I agree to utilize the scholarship funds for higher educational purposes (tuition, books, etc.) in the pursuit of a college degree in the Arts. I agree that my name and/or photograph or video image may be utilized for promotional activities related to the John C. Rodriguez Scholarship and/or Cabaret for Life. I understand that the John C. Rodriguez Scholarship Fund and Cabaret for Life does not discriminate based on race, color, religion, sex, sexual orientation or national origin.

I have read the information set forth in this application and will fulfill the necessary requirements.

Applicant's Signature _____ Date: _____

PARENTAL RELEASE AND AGREEMENT

As the parent or legal guardian of the individual named above, I declare that I have read the endorsement, which my child has signed. I give permission for him/her to audition for and, if selected, fulfill the requirements of the John C. Rodriguez Scholarship Fund. I promise to assist my child in fulfilling Scholarship obligations.

Parent or Guardian Signature _____ Date: _____