



Aly West Memorial Scholarship Program

Student Scholarship Application Form

Instructions:

1. Please clearly print the following information. Turn in completed application, with applicable signature, to the OCCT Treasurer, DeAnne Hemmens. If this form is incomplete, inaccurate, or unsigned, it will not be considered.
2. Please complete one application for each scholarship request. We offer one scholarship per family, per year. A new application must be submitted for a new production year.
3. Attach a written statement describing why you want to be in an OCCT production, and what circumstances dictate this scholarship request.
4. All families of students receiving scholarships {half or full} are still responsible for membership dues, ad fees, and all volunteer hours.

Personal Information:

Applicant Name: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Secondary Phone: _____

Email: _____

Academic Information:

School: _____ Grade: _____

Last Semester GPA (if in school): _____

Scholarship Information: We offer (1) full, or (2) half-scholarships per production; depending on applicants.

Production for which you are requesting scholarship: _____

Is your family a current member of OCCT? _____ Prior scholarships from OCCT? Yes or No

If yes, which production(s) did you receive a scholarship? _____

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the Executive Board and scholarship selection committee, including the scholarship donors, *The West Family*. If I am not over the age of 18, my parent or legal guardian must submit a signature on my behalf.

Signature: _____ Date: _____

