



JOHN C. RODRIGUEZ SCHOLARSHIP APPLICATION FORM

*Please type or print clearly. Please note that applications are due **NO LATER THAN May 1, 2011** - and must be mailed 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: _____

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: _____