

Robert Alcorn Memorial Arts Scholarship

Created in 1981 to honor one of the originating founders of The Suffield Players, the scholarship makes Arts Education more accessible to deserving students to recognize the contribution of Robert Alcorn to The Suffield Players.

Submission Deadline: May 1, 2025

Eligibility

- A. Candidates must meet <u>ONE</u> of the following requirements:
 - Resident of Suffield, Connecticut
- Relative of Resident of Suffield, Connecticut
- Member of the Suffield Players
- Relative of member of the Suffield Players
- B. Candidate must be in their final year of high school or later at the time of application
- C. Candidate must be accepted at an accredited institution of higher learning, school, or program for performing arts at time of scholarship award, examples include -
 - Colleges, universities, technical schools at which the candidate is taking at least one course in a topic listed below
 - Dramatic or performing arts organizations who offer paid classes or training
 - Continuing education courses
 - Performing arts camps or summer programs
- D. Candidate must be pursuing study in some aspect of the performing arts, examples include but not limited to -
 - Acting
 - Vocal
 - Backstage Management
 - Creative Writing/Playwriting
- Sound
- Lighting
- Theatrical makeup
- Wigs

- Dance/Movement
- Directing
- Producing
- Box Office Management

Scholarship Details

- A. The Robert Alcorn Memorial Arts Scholarship is for post high school study at a program or institution of performing arts education within the United States approved by The Suffield Players, Inc. The recipient must be accepted or enrolled to receive their scholarship funds. The amount of the scholarship award varies yearly from \$250 to \$1000, depending on recipient's program, and the total number of scholarships awarded.
- B. The scholarship funds may only be used to defray necessary costs of the student's education (i.e. tuition, books, supplies, fees, and/or equipment required by the student's particular place of study).
- C. The scholarship recipient may reapply for the scholarship annually.
- D. Scholarship checks will be issued upon receipt of a confirmation of enrollment for the program or session. The Suffield Players will present the award(s) at The Suffield Players' Annual Meeting in June.

Application Procedures

- A. Candidates must complete the application form.
- B. Candidates must write an essay describing specifics about their study program, its cost, and their future plans with the performing arts.
- C. Candidates must provide a resume of past performing arts experience, if any.
- D. Send application and all materials no later than May 1st to either:

Alcorn Scholarship c/o The Suffield Players Inc PO Box 101 Suffield CT 06078 OR

info@suffieldplayers.org

Robert Alcorn Memorial Arts Scholarship Application Form

Candidate's Name:	Birthdate:
Parent/Guardian Name (If under 18):Address:	
Email Address:	
High School Attended: High School Graduation Date:	
Arts Program/School where your scholarship would be used:	
Check your eligibility status. Candidate is: Resident of Suffield, CT Member of Suffield Players Related to Suffield Resident: Related to Suffield Player:	, Relationship: , Relationship:
If you work(ed) during the prior or current year, please list places of employment and the type of work done:	
 Personal Eligibility Statement: Please attach to this application up to a two (2) page typed essay describing the candidate's dramatic/performing arts work, their study program, its cost, and why they deserve this scholarship. Include the candidate's goals in the performing arts and how this scholarship may help the candidate achieve those goals. Resume of Performing Arts Experience and Education: Please attach to this application a typed resume outlining the candidate's performing arts experience (if any) and education to date. References: Please include one letter of reference with your application and include their name, email address, and phone number below. Reference should be from any academic area/program attesting to the candidate's performing arts involvement. Reference Name:	
Email:	Phone:
CERTIFICATION I have read and understand the eligibility requirements, co the required documents. If selected as a scholarship wi agree and hereby grant permission to The Suffield Player announcing and promoting this scholarship program. I understand to the solely responsible for the selection of the sepermission to the school or program that I attend to releas Suffield Players, Inc. for use in reviewing eligibility. It information is complete and accurate to the best of my known of information will result in termination of the Robert Alcorn	nner and in consideration thereof, I understand, ers, Inc. to use candidate's likeness and name in derstand and agree that the Scholarship Selection cholarship winners and its decision is final. I grant the information concerning enrollment status to The in submitting this application, I certify that the owledge. I understand and agree that falsification
Candidate's Signature:	Date:
Parent/Guardian's Signature (if under 18):	