



Mystic Vision Players



Continue the Vision Scholarship Application

****Applicants must have participated in at least one Mystic Vision Players production in order to be eligible for scholarship****

****Awards are available only for non-Linden High School Seniors.
LHS students should contact the Guidance Office for applications to the Rose Scholarship**

Fill out the attached form pages and include the following information:

1. Academic Record: A copy of the student transcript, academic record, or report card.
2. Student Essay: In 500 words or less, explain how engaging in the performing arts has affected you and how you can apply your experiences to your future academic goals.
3. Past Performing Arts experience: Include all performances and dates.
4. Written Recommendations: Must be provided by one Performing Arts teacher AND one Classroom teacher.

***MAIL ALL INFORMATION TO:
MYSTIC VISION PLAYERS
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 2138
LINDEN, NJ 07036***

APPLICATION MUST BE POSTMARKED BY: April 12, 2024

Scholarship recipients will be notified by letter no later than April 30th, 2024

Continuing The Vision Scholarship Form

PERSONAL INFORMATION:

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL #: _____ ALTERNATE #: _____

HIGH SCHOOL: _____

SENIOR CLASS RANK: _____ GPA: _____ SAT SCORES (if available): _____

ACTIVITIES: PLEASE ATTACH SEPARATE SHEET LISTING ALL EXTRA CURRICULAR ACTIVITIES INCLUDING ANY WORK HISTORY, COMMUNITY SERVICE, SCHOOL, AND OTHER ORGANIZATION ACTIVITIES

PERFORMANCE HISTORY: PLEASE ATTACH SEPARATE SHEET LISTING ALL PERFORMANCE HISTORY

AWARDS RECEIVED: _____

COLLEGE INFORMATION:

COLLEGE/UNIVERSITIES APPLIED TO: _____

EXPECTED COST FOR YOUR SCHOOL OF CHOICE: _____

COURSE OF STUDY: _____

HAVE YOU BEEN AWARDED ANY SCHOLARSHIPS OR FINANCIAL AID: YES NO

IF YES, PLEASE LIST: _____

FAMILY INFORMATION

DO YOU HAVE BROTHERS OR SISTERS? PLEASE LIST NAMES, AGES, AND WHERE THEY ATTEND SCHOOL.

FATHER'S NAME: _____ MOTHER'S NAME: _____

FAMILY ANNUAL INCOME: _____

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT: _____ DATE: _____