

**William A Zdancewicz Memorial Scholarship
Northeastern Pennsylvania Theatrical Alliance**

Applicant's Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Cell Phone _____

Email: _____

High School you're attending _____

Parents' Adjusted Gross Income from FAFSA or 2024 income tax return _____

***All of the information in the section above must be completed.
Applicants who leave any blanks will not be considered for the scholarship.***

Natural parents are Married _____ Divorced _____ Separated _____ Father or Mother deceased _____

Father's Name _____ Occupation _____

Employer's Name _____

Mother's Name _____ Occupation _____

Employer's Name _____

Step-parent's Name(s) _____ Occupation(s) _____

Employer's Name(s) _____

Number of dependent children in family presently living at home _____

Number of dependent children in family (including candidate) who will be enrolled in a post secondary educational program in the 2025-2026 school year _____

Other dependent(s) and relationship to candidate _____

Estimated amount of college savings _____

Other financial aid for which you will be applying _____

Your Intended Major _____

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List top three school choices

_____ Accepted Yes/No

_____ Accepted Yes/No

_____ Accepted Yes/No

2 year traditional _____ 4 year traditional _____ Other _____

Estimated school Costs for next year (first choice school)

Tuition	\$	
Room & Board	\$	
Books & Supplies	\$	
Other	\$	
SUBTRACT scholarship & grants awarded	\$	
Total	\$	

We certify that we have read this application and that the information provided is accurate and complete to the best of our knowledge.

Signature of parent/guardian

Date

Signature of applicant

Date

Please attach an essay of approximately 250 words summarizing your reasons for selecting your school or college and your program of study and describing your career objectives.

Two letters of recommendation and your academic transcript must accompany your application.

If any special circumstances exist in your personal life that you wish to share with the committee (e.g. relating to financial need or obstacles you have overcome) please attach a separate brief statement.

**Completed applications must be postmarked by April 19, 2025 and can be mailed to NEPTA attn Claudia Stuart
1100 Upper Seese Hill Rd., Canadensis PA 18325**

If you have any questions, please email neptasecretary@yahoo.com, or call 978-394-3283.