

HOLY NAME HIGH SCHOOL
KAREN POWERS (DRAMA) SCHOLARSHIP

Background:

The Karen Powers (Drama) Scholarship was established in memory of Karen Powers, a former social studies teacher and Drama Club director at both Nazareth Academy and Holy Name High School. She always encouraged her students to participate in various aspects of theatre arts, and was known as an excellent teacher and unselfish friend. She passed away in 1992 after a battle with cancer.

One (1) \$500 non-renewable scholarship will be awarded at the class awards assembly held in May. This grant will be used for the following academic year.

Applicant Criteria:

- The applicant must be currently enrolled as a freshman, sophomore, or junior at Holy Name.
- The applicant must be a regularly contributing member of the Drama Club.

Application Process:

The student will be required to complete an application provided on the back of this form. The application will ask the following:

- Name, address and grade
- Number of years as an active member of the Drama Club
- Service to and participation in the Drama Club
- Applicant's signature and a parent/guardian's signature

The application is to be accompanied by a short paragraph written on:

“Why you think you deserve this award”.

Please paperclip your paragraph to this application.

**The completed scholarship application should be returned to the Holy Name
Advancement Office by Thursday, March 21, 2019.**

**Applications that do not include an essay will not be considered.
Please paperclip the required essay to the application; do not staple.**

Karen Powers (Drama) Scholarship Application

Name _____ Grade _____

Address _____

City _____ State _____ ZIP Code _____

How many years have you been a member of the Drama Club? _____

Note: For the following questions, if more room is needed for answers, feel free to attach typed responses to the application.

Please list your service to and participation in the Drama Club.

The application is to be accompanied by a short paragraph written on:

“Why you think you deserve this award”.

Please paperclip your paragraph to this application.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

**The completed scholarship application should be returned to the Holy Name
Advancement Office by Thursday, March 21, 2019.**

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