



THE JEAN CONES MEMORIAL SCHOLARSHIP AWARD

There are two divisions for the awards. Division 1 is the Junior Division, for applicants ages 14 and under and not yet in high school. Division 2 is the Senior Division, for applicants ages 15 – 18 and in high school.

1. Eligibility: anyone 18 years old or younger who has participated in a member Encore Association theatre production. Please note the two Division levels above.
2. Applicant must be nominated by a member theatre organization.
3. Award will be used exclusively for classes, private lessons, or workshops in the performing arts.
4. The Senior Division Award may be any amount up to \$1000 per applicant. The Junior Division award may be any amount up to \$500 per applicant.
5. The applicant must submit the following to:

The Encore Association Scholarship Review Committee

P.O. Box 53073

Indianapolis IN 46253

Or, **email to:** IndyEncoreAssociation@gmail.com

- a. Application form (page 2)
 - b. Signed/dated waiver, release, and indemnity agreement. (Page 3)
 - c. Two letters of recommendation; one from the nominating theatre organization, and one from a teacher, mentor, or director.
 - d. A resume of activities in the performing arts which may include classes, workshops, private lessons, onstage and offstage experience. Include place, date, and contact information.
 - e. A one-page essay written by the applicant detailing how the applicant plans to use the award monies and demonstrate sufficient financial need for a scholarship award. Be as specific as possible.
 - f. Applications will not be considered unless all information is received by the deadline.
6. An award will be given to an individual one time only per Division, but applicants who do not receive an award may apply again in subsequent years if they meet the requirements. You are eligible to receive both a Junior and Senior Division award.
 7. **Applications must be either postmarked or emailed by JULY 1st, 12:59 p.m.** A review committee of at least 3 Encore Association Board members will review the applications and present the applications to the Board for approval.

ENCORE

A s s o c i a t i o n

THE JEAN CONES
MEMORIAL SCHOLARSHIP AWARD

Applicant Information:
(Please Print clearly or Type)

Last Name _____ First Name _____

Mailing Address: _____

Street

City

State

Zip

Phone: _____

Current year in school: _____ Age: _____

E-mail address: _____

Education: Name of School Yrs Attended Course of Study

Elementary			
Middle/Jr High School			
Senior High School			
College or University			

Parents/Guardian Name: _____

Mailing Address: _____

Street

City

State

Zip

Phone: _____

E-mail address: _____

Please attach resume of activities in the performing arts, essay, two (2) recommendations and the Agreement Waiver, Release, and Indemnity to this application. Applications will not be considered unless all information is received.

Agreement Waiver, Release, and Indemnity

In applying for and/or receiving an award from the Encore Association, I hereby agree on behalf of myself, my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and not to make any claim against, file a lawsuit against, attach the property of, or prosecute the Encore Association, their officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising of any actions by the Encore Association in applying for and/or receiving an award.

I understand and consent to the use of activity/event photography and/or video taping and the display of those pictures for promotional use, including the Encore Association website. By signing below, I acknowledge and represent that I have read this agreement carefully, I fully understand its contents, and I voluntarily agree to its terms. No oral representations, statements, or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

If 18 years of age or older: I declare under the penalty of perjury and under the laws of the State of Indiana that I am eighteen (18) years of age or older and am fully competent to sign this agreement. If the Participant is under 18 years of age, by signing below, I declare under the penalty of perjury and under the laws of the State of Indiana that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf.

Applicant's Signature:

Signature of Parent/Legal Guardian (if Applicant is under 18):

Date: _____