



STEPHEN M. HOENIG
Memorial Actors Fund

Scholarship Application

Name: _____ Birth Date: ___/___/___

Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____ Social Security Number: _____

Please include the following information:

- Current transcript
- Three letters of recommendation from faculty members or professionals with whom you've worked
- Resume including performance history, academic training and work experience
- Paragraph that stipulates how you envision using the award to further your professional goals and career path.

Mail completed application and supporting documents to:

The Stephen M. Hoenig Memorial Actors Fund
POB 369
Glencoe, IL 60022