

THE RICHARD F. WALSH / ALFRED W. DI TOLLA / HAROLD P. SPIVAK FOUNDATION

1430 BROADWAY, 20TH FLOOR, NEW YORK, N.Y. 10018
TELEPHONE (212) 730-1770 FAX (212) 730-7809

SCHOLARSHIP INFORMATION

The Richard F. Walsh/Alfred W. Di Tolla/Harold Spivak Foundation offers an annual scholarship which is open to the sons and daughters of members in good standing of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada (IATSE).

The rules of eligibility state that the applicant must:

1. Be the son or daughter of a member in good standing of the IATSE.
2. Be a high school senior at time of application and has or is about to apply for admission to an accredited college or university as a fully matriculated student, which will lead to a bachelor's degree.

Two scholarships are awarded each year in the amount of \$1,750.00 per year/per person totaling \$7,000.00 over a four year period.

The procedure for the application is as follows:

1. Fill out the attached application in its entirety.
2. A complete copy of the applicant's high school transcript is to be forwarded to the Foundation Office.
3. Submit or have the testing organization forward directly to the Foundation Office the record of the score achieved by the applicant on the Scholastic Aptitude Test, College Entrance Examination or other equivalent examination.
4. Present a letter(s) of recommendation from a teacher or clergyman.

The deadline for filing all required material with the Foundation Office is December 31st of each year.

The winner of award is notified by Foundation Office in late May or June of following calendar year.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip/Postal Code)

Telephone number _____ Other contact number(s) _____

E-mail Address _____

Age _____ Male _____ Female _____ Date of Birth _____

Father's Full Name/Local Union Number _____

Mother's Full Name/Local Union Number _____

Applicant's High School _____
(Name of school)

Location _____

Present academic status _____

Year of Graduation _____

Field of Major Interest _____

Have you taken the National Merit Scholarship Exam or College SAT? Yes _____ No _____

If yes, give scores:

List, as references, the names, positions, and addresses of three persons (excluding relatives and family members) best able to know of your qualifications.

List any supplementary information (such as scholarships, honors, awards, employment, special experience or organizations) whether or not related to your school work:

You are required to submit a high school transcript to this office. Have you requested your high school to send the transcript? Yes ____ No ____ . If not, please do so at once.

You are requested to present a letter of recommendation from a teacher or clergyman. If such a letter is not submitted with this application, specify whether it will be sent to us directly and by whom.

I declare that the information entered on this form, including any and all accompanying materials, are, to the best of my knowledge and belief, true, correct and complete, and such information and materials are furnished by me to the Richard F. Walsh / Alfred W. Di Tolla / Harold P. Spivak Foundation with the intention that it shall rely thereon on judging my application for an I.A.T.S.E. Scholarship Award.

Date: _____ Name of Applicant _____

NOTE: The following statement must be signed by the applicant.

I hereby indicate my understanding that the decision of the trustees of the Richard F. Walsh/Alfred W. Di Tolla/Harold P. Spivak Foundation in the selection of winners for I.A.T.S.E. Scholarship Award is final and binding on all applicants. I understand that the Foundation reserves the right at any time and without giving any reason to terminate, cancel or modify the program or any part thereof provided that scholarships or awards already granted and/or announced shall run to the end as promised and publicly stated.

I agree that should I become a successful candidate for a scholarship award, I shall comply with all the rules and regulations set down by the trustees for such scholarship. I understand that continuation of said scholarship shall be conditioned on evidence of satisfactory academic performance.

Date: _____ Signature of Applicant _____

Please be sure to fill out the application in its entirety, include all materials requested and mail to the Foundation's office at:

The Richard F. Walsh/Alfred W. Di Tolla/Harold P. Spivak Foundation
c/o IATSE

1430 Broadway, 20th floor
New York, NY 10018