

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

207 WEST 25<sup>TH</sup> STREET, 4TH FLOOR, NEW YORK, N.Y. 10001  
TELEPHONE (212) 730-1770 FAX (212) 730-7809

## SCHOLARSHIP INFORMATION

The Richard F. Walsh/Alfred W. Di Tolla/Harold Spivak Foundation (the 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. **The scholarship is not open to students that have already started college or university.**

Five scholarships are awarded each year in the amount of \$10,000.00 per person, to be distributed over a four (4) year period. In September of each year, a distribution of \$2,500 will be sent directly to the student's college or university's financial office, which will total \$10,000 over the course of the four (4) 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. The transcript must have the school's seal or stamp for authenticity and can be sent in directly by the school or the student (together with the application).
3. Submit to the Foundation Office the record of the score achieved by the applicant on the Scholastic Aptitude Test (SAT) or the American College Testing (ACT). Please note the Foundation does not have a code for the scores to be submitted electronically therefore a printed copy of the scores attached to the application will be accepted by the Foundation. *Canadian students are not required to submit SAT or ACT scores.*
4. Present a letter(s) of recommendation from a teacher, counselor, volunteer institution or clergyman.

Deadline for filing applications with the Foundation Office is December 31<sup>st</sup> of each year. Applications postmarked by December 31<sup>st</sup> will be accepted. Ancillary documents such as transcripts, recommendation letters and test scores can be sent separately and will be accepted after the December 31<sup>st</sup> deadline. **The application itself must be received (or postmarked) by the Foundation by the December 31<sup>st</sup> deadline.** Applications received (or postmarked) after the December 31<sup>st</sup> deadline will not be accepted, there are no exceptions. The 10 (10) winners of the scholarship award will be notified by the Foundation Office in late May or June of following calendar year. Applicants that are not selected for the scholarship will be advised by letter in late June or July of the following year.

*Please complete in black or blue ink*

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 SAT or ACT?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 (A hard copy of the scores is required to be sent into the Foundation office. Not required for Canadian students)

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) you have been active in, whether or not related to your school work:

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(If more room is needed for additional information please complete on a separate page).

You are required to submit a high school transcript to the Foundation office. Have you requested a transcript from your high school? 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.

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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

207 West 25<sup>th</sup> Street, 4<sup>th</sup> floor, New York, NY 10001