

SAG-AFTRA Foundation Scholarships Eligibility Form 2025-2026

Applicant Information

First Name	
Middle Initial	
Last Name	
Email Address	

SAG-AFTRA Membership

Who is a member of SAG-AFTRA?	
If you have siblings, will they also be applying for a SAG-AFTRA scholarship?	
If you have siblings, have they received any grants from the SAG-AFTRA Foundation in the past?	
Applicant's Marital Status	
Do you have dependents?	

Applicant Membership Information

Member ID	
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Parent/Guardian Membership Information

Parent/Guardian Name	
Member ID	
Parent/Guardian's Email Address	

Additional Parent/Guardian Membership Information

Parent/Guardian Name	
Member ID	
Parent/Guardian's Email Address	