

Friends of School of the Arts Scholarship Application 2016

PERSONAL DATA: *(Please print or type)*

Student Name: _____ Date of Birth: _____
Last, First M.I.

I am applying for (note only ONE scholarship will be awarded):

_____ Friends of SOTA Alumni Scholarship _____ Margarete Douyon STEM Scholarship
_____ Allen Memorial Performing Arts Scholarship
_____ Bellas Artes Dance Scholarship _____ Creative Writing Scholarship

Home Address: _____

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

E-Mail Address: _____

FAMILY INFORMATION:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Parents Current Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Household Size: 1 2 3 4 5 6 7 8 9 10 other _____

Are any of these persons attending college? _____ How many? _____

Total gross family income: *(check one)* _____ Less than \$25,000/yr _____ \$25,000-\$40,000/yr

_____ \$41,000-55,000/yr _____ \$56,000-70,000/yr _____ \$71,000-85,000/yr _____ \$86,000 or higher

ACADEMIC INFORMATION:

Arts Major: _____ Counselor: _____

Cumulative Grade Point Average: _____

College Attending *(Submit letter of acceptance with application.)* _____

Annual Cost (including tuition, room, board and fees) _____ Financial Aid _____

Intended college major(s) or area(s) of interest: _____

Career Goal: _____

INTEREST & ACHIEVEMENTS: *Please list your extracurricular, employment, and community service activities and achievements. Include all arts experience/performances including those outside of SOTA (Use additional paper if needed or attach a resume.)*

ARTS AWARDS AND HONORS: _____

ACADEMIC AWARDS AND HONORS: _____

SPORT/ACTIVITY	YEARS PARTICIPATED	POSITIONS HELD	HONORS AWARDED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNITY SERVICE	YEAR OF H.S.PARTICIPATION	TOTAL HOURS PER YEAR
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_____	_____	_____
_____	_____	_____

EMPLOYER	POSITION	LENGTH OF EMPLOYMENT
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_____	_____	_____
_____	_____	_____

ALL APPLICANTS PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in cancellation of my participation.

Signature: _____ Date: _____

Friends of School of the Arts Scholarships

Student Application Checklist

Have you included the following items?

- A completed application
- Typewritten essay or personal statement
- Official transcript
- Senior mid-year grade report
- Acceptance Letter from college or university
- Financial Aid Award Letter
- Letter(s) of recommendation

Deadline: Submit the completed application and all supporting documentation *to your counselor* by **MAY 6.**