

WORCESTER COUNTY ARTS COUNCIL, INC.

ARTS SCHOLARSHIP APPLICATION

Date: _____

Name: _____ SS #: _____

Address: _____

Telephone No.: _____ Age: _____ E-mail _____

Parent's Name: _____ Tel. No.: _____

Parent's Address: _____

Area of Arts Study (music, theater, visual arts, etc.):

Specific area of interest (i.e. visual or performing arts):

Do you intend to pursue a career in the Arts? _____

Name and address of High School or College you are currently attending:

Expected Graduation Date: _____

Names of teachers with whom you study (indicate whether private study or through school):

Name: _____ Years of Study: _____

Name: _____ Years of Study: _____

Name: _____ Years of Study: _____

List the school and extra curricular activities in which you are involved (both arts and non-arts):

List any school honors or other merit awards (rather than financial) you have received:

List acceptance and participation in special summer arts programs i.e. Maryland Gifted and Talented Summer Program, etc.):

Have you participated in the Maryland Distinguished Scholar Program and if so, list your area(s) of concentration and indicate the results of your participation:

If currently in high school, what colleges, universities or specialized schools have you applied to?

Where have you been accepted? _____

If currently attending college, university or other specialized school, what is your major and degree program?

Have you attended other colleges and where? _____

Years of study: _____

Reasons for leaving: _____

Use this space to tell us why you have chosen your arts field and its importance to you:

Please indicate what format your work is being submitted in:

