



## **2018 MARY DOCTOR PERFORMING ARTS SCHOLARSHIP Scholarship Application Cover and Check List**

All completed applications must be received by Thursday, April 5. Be sure that your application packet includes all of the items listed in the check list below, in the order they are listed.

### **Check List**

- \_\_\_\_\_ Completed Scholarship Application Form
- \_\_\_\_\_ Personal essay (one page)
- \_\_\_\_\_ Reference Contact Form and recommendation letter from a current teacher or industry professional
- \_\_\_\_\_ *(optional)* Second Reference Contact Form and recommendation letter from a current teacher or industry professional
- \_\_\_\_\_ Copy of a college acceptance letter
- \_\_\_\_\_ *(optional)* Copy of any financial aid award letters received from college
- \_\_\_\_\_ *(optional)* Copy of a second choice college acceptance letter
- \_\_\_\_\_ *(optional)* Copy of any financial aid award letters received from second choice college
- \_\_\_\_\_ Most recent high school transcript (copies are acceptable)
- \_\_\_\_\_ 2018 Student Aid Report (SAR)

### **ALL APPLICATION PACKETS MUST BE RECEIVED BY APRIL 5, 2018.**

Materials may be submitted through the following ways:

By mail to The Mary Doctor Performing Arts Scholarship Committee  
c/o Blumenthal Performing Arts Education Department  
345 North College Street, Charlotte, NC 28202

By fax to 704-444-2076

By scanning and emailing all materials to [efigueroa@ncbpac.org](mailto:efigueroa@ncbpac.org)

By dropping off in person at the Guest Services desk at Sprit Square, 345 North College Street

If you have questions regarding the application process,  
please call Eric Figueroa at 704-348-5770.



## **2018 MARY DOCTOR PERFORMING ARTS SCHOLARSHIP Scholarship Application Form**

### **Application and Information Release Statement**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from receiving a scholarship. **Please submit typewritten responses.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

High School \_\_\_\_\_

Weighted cumulative GPA \_\_\_\_\_ Un-Weighted cumulative GPA \_\_\_\_\_

List colleges or universities that have accepted you for fall 2018 enrollment:

\_\_\_\_\_

List colleges or universities to which you have applied but have not yet received an acceptance:

\_\_\_\_\_

Desired degree and intended major \_\_\_\_\_

### **Parent/Guardian Information**

Parent 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent 1 Address \_\_\_\_\_

Parent 1 Email Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent 2 Address (if different) \_\_\_\_\_

Parent 1 Email Address \_\_\_\_\_

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**MARY DOCTOR**  
PERFORMING ARTS SCHOLARSHIP  
A FUND OF FOUNDATION FOR THE CAROLINAS

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Applicant's Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Briefly describe your training and experience to date in the performing arts (more detail may be included in your essay).

List the extracurricular activities in which you participated during your high school years- including community service. Please indicate any leadership roles or responsibilities.

The Mary Doctor Performing Arts Scholarship provides scholarships to high school seniors who demonstrate financial need as well as ability and great interest in the performing arts. Briefly describe how a scholarship award would financially impact your ability to attend an institute of higher learning.

I verify that all information provided above is accurate.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



## **Essay**

Describe why you believe you should be selected for the Mary Doctor Performing Arts Scholarship. You may type in the space below or include a separate document (one page only) in your application packet.



**2018 MARY DOCTOR PERFORMING ARTS SCHOLARSHIP**  
**Reference Contact Form**

Applicant's Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

*Applicant, please provide this form to the person(s) providing a letter of recommendation for you.*

**To the Reference:**

The student named above is applying to the Mary Doctor Performing Arts Scholarship.

The Mary Doctor Performing Arts Scholarship (MDPAS) benefits selected graduating seniors within the Charlotte region who have a financial need, demonstrate ability and great interest in one or more areas of the performing arts, plan to pursue an undergraduate degree in a discipline related to the performing arts, and have the desire to use their training to enrich the lives of others. The scholarship is administered by the Education Department of Blumenthal Performing Arts in conjunction with Foundation For The Carolinas. Neither The Doctor Family Foundation nor Blumenthal Performing Arts discriminate on the basis of disability, age, race, color, religion, gender, or any other classification protected by Federal and/or North Carolina state constitutional and/or statutory laws. All Scholarships are awarded in accordance with Foundation For The Carolinas policies.

**Please return this form and your one-page recommendation letter to the applicant so that he or she may submit it as part of a total application package. The Scholarship Committee will not review incomplete applications. The application deadline is April 5, 2018.**

Your Name \_\_\_\_\_

Title \_\_\_\_\_

School or Organization \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

How long you have known the applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_