

**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 may disqualify me from receiving a scholarship.

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

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

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

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

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

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

Name of 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:

\_\_\_\_\_

Intended major and desired degree \_\_\_\_\_

**Parent/Guardian Information**

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

Parent 1 Address (if different) \_\_\_\_\_

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

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

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

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

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

List the extracurricular activities in which you have 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.

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Applicant's signature

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Date

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Write a one-page essay detailing why you should be selected for the Mary Doctor Performing Arts Scholarship. You may type in the space below or include a separate one-page document in your application packet.

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

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

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

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.**

Name \_\_\_\_\_

Title \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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

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