



**2020 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. **Typed applications are preferred.**

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 which have accepted you for fall 2020 enrollment (first choice first):

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) _____

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

Write a one-page (or less) essay describing 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.

MARY DOCTOR
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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.

Applicant's signature

Date

**2020 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 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 Blumenthal Performing Arts nor The Foundation for the 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 s/he may submit it as part of a total application package. The Scholarship Committee will not review incomplete applications. The application deadline is March 6, 2020.

Name _____

Title _____

Relationship to applicant _____

Amount of time you have known applicant _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email Address _____

Signature _____ Date _____