

2024 MARY DOCTOR FINE 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	Middle Initial
Date of Birth	_ Age	Ethnicity		
Street Address				
City	_ State	Zip		
Home Phone		Cell Ph	none	
Email Address				_
Name of High School				
Weighted cumulative GPA		Un-Weigh	ted cumulative GPA	_
•			fall 2024 enrollment (first choice first):	
•	·		but have not yet received an acceptance	
				_
Parent/Guardian Informatio	n			
Parent 1 Name			Relationship	
Parent 1 Address (if different)				_
Parent 1 Email Address				
Parent 2 Name			Relationship	
Parent 2 Address (if different)				



□ completed scholarship application form
☐ one-page or less essay in response to the following prompt: "You have now graduated college, wha is your big dream?"
☐ one-page or less personal statement sharing any pertinent details about the following:
• financial need
 potential for a career in the arts
academic performance
 desire to enrich the lives of others through arts
personal achievements
 school and community involvement
☐ most recent transcript from applicant's high school (scan; no camera shots)
□ copy of 2024-25 Student Aid Report (detailed report; summaries not accepted)
□ reference form and recommendation letter from a current teacher or industry professional (must be emailed directly by reference to educationdepartment@blumenthalarts.org)
□ copy of college acceptance letter and financial aid award letters received to date
Email complete application to: educationdepartment@blumenthalarts.org
I verify that all information provided is accurate.
Applicant's signature Date