

2026 MARY DOCTOR FINE ARTS SCHOLARSHIP Reference Form

Last Name

Applicant's Name:

First Name

Applicant, please provide this form to the	he person(s) providing a letter o	of recommendation for you.
The student named above is applying to	o the Mary Doctor Fine Arts	Scholarship.
The Mary Doctor Fine Arts Scholarship Charlotte region who have a financial not more areas of the arts, plan to pursue a arts, and have the desire to use their transministered by the Education Departm Foundation For The Carolinas. Neither Performing Arts discriminate on the bas other classification protected by Federa statutory laws. All Scholarships are away policies.	eed, demonstrate ability and in undergraduate degree in a aining to enrich the lives of one in the Blumenthal Performing The Doctor Family Foundations of disability, age, race, coll and/or North Carolina states.	I great interest in one or a discipline related to the others. The scholarship is ng Arts in conjunction with on nor Blumenthal olor, religion, gender, or any e constitutional and/or
Please email this form and your one-educationdepartment@blumenthalarwill not review incomplete applications.	. •	
Name		
Title		
Relationship to the applicant		
How long you have known the applicant	t	
Address		
City	State	_Zip
Daytime Phone		
Email Address		
Signature		Date