

**School of the Arts Foundation
Scholarship Application Form**

Sue Cunningham Memorial Scholarship Fund

Violin Student - \$2,500 Summer Program Scholarship

This scholarship will be awarded to ONE (1) underclassman attending a summer music program for violin.

***In addition to the Summer Program Scholarship the recipient and a parent will attend Hickory Fest (Sue Cunningham Memorial Festival) August 18-20, 2017 in Wellsboro, PA. Airfare, transportation, and, lodging included. For more information visit www.hickoryfest.com

Applications must be received in the Foundation office by 4:00pm on Thursday, March 9th

Finalists will be selected based on your application.

Scholarship finalist interviews will be held on Monday, March 13 @ 4pm
Be prepared to perform 3 minutes of a piece that highlights your ability.

PLEASE PRINT NEATLY

Last Name: _____ First: _____ Middle: _____

Address: _____
Street Apt# City State Zip

Home Phone: _____ Cell: _____ E-Mail: _____

Dreyfoos Art Area: _____ Grade Level: _____

Summer Program you will be attending: _____

Course of Study you plan to pursue: _____

Please attach ONE (1) copy of your resume
ONE (1) copy of Summer Institute information (tuition, transportation expenses, etc.)

Family Information

Parent or guardian with whom you reside and their name(s):

Name: _____ Relationship: _____

Occupation: _____

Name: _____ Relationship: _____

Occupation: _____

Are any of your brothers or sisters currently enrolled in college? _____ If yes, how many? _____

Give other plans you may have for financing summer program.

Academic Record

_____ GPA _____ HPA

_____ Class Rank _____ ACT or SAT Composite Score

Academic/Arts Honors Earned:

Volunteer Activities:

Previous summer institutes attended and how they influenced your development as an artist:

Please describe any unusual circumstances that may have affected your high school academic progress or activity involvement.

Certification

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the School of the Arts Foundation, I (we) agree to give documentation for information given on this form.

Applicant Signature **Date**

Parent Signature **Date**

**Please deliver your completed application with attachments to the
School of the Arts Foundation
Located in Visual Arts Building 9, First Floor, Room 111**