

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

**Three Sisters Scholarship
Established through the Three Sisters Endowment Fund
By Andrew and Rochelle (Oliver) Chang
Women of Color -\$1,000 Scholarship**

This scholarship was started by Andrew and Rochelle (Oliver) Chang who chose to honor the legacy of three sisters whose success is greatly owed to the School of the Arts, its resources, its influence, and its teachers. The Oliver sisters, Tiffany '99, Rochelle '02, and Morgan '15, have continued to pursue their artistic passions and they hope that the young artists who apply to this scholarship have a lifelong passion for the arts, and a deep desire to give back.

Open to Seniors in all art departments

Applications must be received in the Foundation office by 4:00pm on Thursday, April 6th

PLEASE PRINT NEATLY

Last Name: _____ First: _____ Middle: _____

Address: _____
Street Apt# City State Zip

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

Dreyfoos art area: _____

College you plan to attend: _____ Date you will enter: _____

Course of study you plan to pursue: _____

- Please attach **ONE copy of your resume.**
- Please submit **TWO SAMPLES** of work that best convey your artistic talent.
- For each sample, please write a brief paragraph explaining the significance of your submission.
- In 500 words or less, write an essay about how a teacher at School of the Arts has made an impact in your life.
- If applicable, please attach college acceptance letter.

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 your college education.

Academic Record

_____ GPA _____ HPA

_____ Class Rank _____ ACT or SAT Composite Score

Academic/Arts Honors Earned:

Volunteer Activities:

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**