

**School of the Arts Foundation
2018 Scholarship Application Form**

Beverly A. and William E. Taubert Memorial Scholarship

Students must have demonstrated financial need.

Applications must be received in the Foundation office by 4pm on Friday, 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 will be attending: _____ Date you will enter: _____

Course of Study you plan to pursue: _____

Please make TWO (2) copies of this completed application form and attach only ONE copy of your:

- 1. Resume 2. Student Aid Report (SAR) from FAFSA**

Family Financial Information

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

Name: _____ Relationship: _____

Occupation: _____

Name: _____ Relationship: _____

Occupation: _____

Number of above employed: _____ Total number of siblings: _____ Number living at home: _____

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

Estimated Annual School Expenses

Resources

Tuition	\$	Total Annual Household Income	\$
Room & Board	\$	Total Annual Student Income	\$
Books & Fees	\$	Savings & Investments (Parents and Students)**	\$
Transportation	\$	Other Grants/Scholarships received (Bright Futures, etc.)	\$
Personal Expenses	\$		
Total Cost	\$	Total Income:	\$

** 401K, pensions and other retirement plans are not applicable.

Are you (student) currently employed? _____ How many hours weekly? _____

Have you been previously employed? _____ How long? _____

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. Use separate sheet if necessary.

Please make two (2) copies of this completed application form and attach only one copy of your:

- 1. Resume**
- 2. Student Aid Report (SAR) from FAFSA**

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**

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