

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

**The Whitespace Collection  
Elayne and Marvin Mordes Scholarship  
Through the Mordes Family Fund - Community Foundation**

**Senior Artist - \$1,750 Scholarship**

This scholarship will be awarded to TWO graduating senior who will be pursuing art in college.

**Applications must be received in the Foundation office by 4:00pm on Tuesday, April 3<sup>th</sup>**

**Finalists will be selected based on your application.**

**Scholarship finalist interviews with a portfolio review will be held on the afternoon of  
Monday, April 9<sup>th</sup> at 12:15 pm in the gallery**

**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 attach ONE copy of your resume  
FIVE images that best represent your artwork  
Artist Statement**

**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.

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**Academic Record**

\_\_\_\_\_ GPA \_\_\_\_\_ HPA

\_\_\_\_\_ Class Rank \_\_\_\_\_ ACT or SAT Composite Score

Academic/Arts Honors Earned:

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Volunteer Activities:

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A short statement of your visual art mission and future thoughts about what you see as your place in the global art community.

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

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**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**