

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

**SOAFI Scholarship**

**Applications must be received in the Foundation office by 4pm on Friday, April 6<sup>th</sup>**

**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 only your resume.**

**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.

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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Please describe any unusual circumstances that may have affected your high school academic progress or activity involvement. Use separate sheet if necessary.

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**Please attach only one copy of your resume**

I certify that all the information on this form is true and complete to the best of my (our) knowledge.

\_\_\_\_\_  
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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