

2019

summer camps

arts education scholarship fund application

Dr. Phillips Center for the Performing Arts started this fund to provide high-quality, professional arts experiences for those who wouldn't otherwise have the opportunity to pursue artistic excellence.

overview

- Scholarships are awarded based on financial need and/or strong interest and talent in one of the performing arts—acting, musical theater, vocal, instrumental or dance.
- Candidates 2-21 may receive a scholarship to attend a summer program or master class.
- Applications are processed on a first come, first served basis depending on the fund's financial status and the availability of class space.
- We must receive your summer semester scholarship application by Wednesday, April 3, 2019.
- Interviews for summer semester scholarships will take place Wednesday, April 10, 2019, from 5-8:30 p.m. at Dr. Phillips Center.

application requirements

Candidates must:

- Complete an application form describing their interest in the arts, how they would benefit from a formal arts program and why financial assistance is necessary.
- Submit a copy of the front page of their parent's/guardian's current Form 1040 and accompanying Form W-2(s). Applications will only be reviewed if they include both the 1040 and W-2(s).
- Provide a letter of reference from a teacher, instructor, employer or administrator.
- Attend an interview and/or audition.

Please attach your completed application to an email or submit it in person.
Dr. Phillips Center for the Performing Arts Attn: School of the Arts
155 East Anderson Street
Orlando, FL 32801

407.455.5551 classes@drphillipscenter.org



applicant information (please print legibly)

| first name | | last name | |
|-------------------------|-------------------------|-----------|----------|
| gender | birth date (mm/dd/yyyy) | age | grade |
| school applicant atten | ids (if applicable) | | |
| home address | | | |
| city | | state | zip code |
| last performing arts pi | rogram attended | | |

parent/guardian information (required for all applicants under the age of 18 at the time of application)

| first name | last name | |
|--|--------------------------------------|-------------------------|
| home phone | cell phone | work phone |
| email | | |
| occupation | | |
| family status | | |
| The applicant lives with: (check one) | both parents mother only | father only guardian(s) |
| If the applicant's parents are separated o | r divorced, who has legal custody of | the applicant? |

To promote our programs and fundraise, Dr. Phillips Center reserves the right to photograph all students and use the photos for promotional purpose. Students' names will not be used. If you object to the use of your student's photo in promotional materials, check the box below.

I do not give my permission to have my child's photo taken and used in promotional materials.

financial information

| How many people are i | n your household? | | _ | | |
|-------------------------|--------------------------|-------------------|-------------------|-----------|--|
| What is the total house | hold income? (check one) | | | | |
| \$19,999 or less | \$20,000-\$34,999 | \$35,000-\$49,999 | \$50,000-\$74,999 | \$75,000+ | |

How do you (the applicant) currently participate in the arts? How have you participated in the past?

How would you benefit from attending a summer program?

Please provide a detailed explanation as to why financial assistance is required.

reference information

All applications must include a letter of reference from a teacher, instructor, employer or administrator—someone other than a parent/guardian. Please fill out the section below so we can match your letter of reference with your application, or email the letter to **classes@drphillipscenter.org** with the applicant's name in the subject line.

| reference's name & title | | | | |
|---|------------------------|----------------------|----------|--|
| address | | | | |
| city | | state | zip code | |
| phone | email | | | |
| ls a letter of reference from this person | included? y | es 🗌 no | | |
| If not, let us know how we'll receive the | etter—or ask the perso | on to write it below | | |
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program request

Number the following categories from 1 to 4 with 1 being the art form you're most interested in and 4 being the art form you're least interested in.

| acting and/or improvisation | n | |
|-------------------------------|---------------|--|
| musical theater | | |
| dance (jazz, hip-hop, tap, i | mprovisation) | |
| music (vocal, instrumental) | instrument: _ | |
| | | |
| List specific programs below. | | |
| 1st choice program name: | | |
| 2nd choice program name: | | |
| 3rd choice program name: | | |

I understand my application form will not be reviewed until all portions have been completed. I declare all statements made on this form are true to the best of my knowledge.

applicant name (or parent/guardian) please print

signature

date

Thank you for your interest in the Arts Education Scholarship Fund. Applicants will be notified in writing upon acceptance into the program.