

# 21/22

## 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 class or summer camp at AdventHealth School of the Arts at Dr. Phillips Center—or to be a member of The Four Counts or Quarter Notes.
- » Applications are processed on a first come, first served basis depending on the fund's financial status and the availability of class space.
  
- » **Fall:** Completed scholarship applications and videos are due by **August 20, 2021.**
- » **Spring:** Completed scholarship applications and videos are due by **December 3, 2021.**
- » **Summer:** Completed scholarship applications and videos are due by **March 11, 2022.**

### application requirements

#### Candidates must submit all of the following items to be reviewed:

- » 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.
- » Submit a video answering the short answer questions listed on page 3 of this application. Videos should be submitted as a private youtube link to [classes@drphillipscenter.org](mailto:classes@drphillipscenter.org).

Please attach your completed application in an email to [classes@drphillipscenter.org](mailto:classes@drphillipscenter.org)

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](mailto:classes@drphillipscenter.org)  
[drphillipscenter.org/classes](http://drphillipscenter.org/classes)



## applicant information (please print legibly)

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first name

last name

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gender

birth date (mm/dd/yyyy)

grade

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school applicant attends (if applicable)

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home street address

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city

state

zip code

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last performing arts program attended

## semester

semester applying for:

fall

spring

summer

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

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first name

last name

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home phone

cell phone

work phone

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email

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occupation

## family status

The applicant lives with: (check one)

both parents

mother only

father only

guardian(s)

If the applicant's parents are separated or 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 in your household? \_\_\_\_\_

What is the total household 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?

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How would you benefit from participating in classes at Dr. Phillips Center?

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

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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

\_\_\_\_\_ musical theater

\_\_\_\_\_ dance (jazz, hip-hop, tap, improvisation)

\_\_\_\_\_ music (vocal, instrumental)      instrument: \_\_\_\_\_

List specific classes below.

1st choice class name: \_\_\_\_\_

2nd choice class name: \_\_\_\_\_

3rd choice class 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 name) *please print*

\_\_\_\_\_  
applicant signature (or parent/guardian signature)

\_\_\_\_\_  
date

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