

24/25

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 supporting documents are due by **August 23, 2024**.
 - Interviews for scholarships will take place on **August 30, 2024** from 4:30-8:30pm at the Dr. Phillips Center.
- » **Spring:** Completed scholarship applications and supporting documents are due by **December 13, 2024**.
 - Interviews for scholarships will take place on **December 20, 2024** from 4:30-8:30pm at the Dr. Phillips Center.
- » **Summer:** Completed scholarship applications and supporting documents are due by **March 28, 2025**
 - Interviews for scholarships will take place on **April 4, 2025** from 4:30-8:30pm at the Dr. Phillips Center.

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). The tax documentation submitted must have the applicant (student) listed as a dependent.
- » Provide a letter of reference from a teacher, instructor, employer or administrator.

Please attach your completed application in an email to 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
drphillipscenter.org/classes



dr. phillips
center

AdventHealth School of the Arts

applicant information (please print legibly)

first name

last name

gender

birth date (mm/dd/yyyy)

grade

school applicant attends (if applicable)

home street address

city

state

zip code

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)

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 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?

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

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

street address

city state zip code

phone email

Is a letter of reference from this person included? yes no

If not, let us know how we’ll receive the letter—or ask the person to write it below.

Handwritten area with multiple horizontal lines for notes.

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.**