

PERFORMING ARTS SCHOLARSHIP APPLICATION DEADLINE MARCH 31, 2023

Name:					
Street Address:		City:	State:	Zip:	
Telephone:	Email:		Website:		
Parent or Guardian:					
Street Address:		City:	State:	Zip:	
Telephone:		Email:			
1. Educational Backgro	ound				
List all schools attended (high school and beyond)		eyond)	Years Attended	GPA	
2. Are you receiving in	struction in vol	ır art form othe	r than at your school? Yo	es No	
,	•		Than ar your school?		
			State:		
Dates of Study:		Length of S	itudy:		
3. Have you already so	elected a colle	eae? Have vou	decided upon a major?	Minor?	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
4. List awards and hor	nors received fo	or your art form	and/or academics:		
Name of Award			Year Received		

5. State your career	plans and explain if and how it relates to	your art form:
·	vice activities and organizations:	
7. Name a faculty sp within the Performing	onsor/mentor who has been instrumental Arts.	in guiding your career path
Name:	Title:	
Employer:		
SIGNATURE OF APPI	LICANT on I have submitted is true and correct.	
Name:	Signature:	Date:
I agree the Lancaste recordings of my aud	LICANT (or parent/guardian If under 18 r Performing Arts Center Foundation may dition and interview with or without my nate: LPACF Scholarship publicity, advertising	use photographs and/or video me for any lawful purpose,
Name:	Signature:	Date:

^{*}Please attach essay and any documents you believe pertinent to the selection process, including but not limited to recommendation letters.