LPAC Foundation
LANCASTER PERFORMING ARTS CENTER

PERFORMING ARTS SCHOLARSHIP APPLICATION

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ Website: _____

Parent or Guardian: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

1. Educational Background

List all schools attended (high school and beyond)	Years Attended	GPA
_____	_____	_____
_____	_____	_____

2. Are you receiving instruction in your art form other than at your school? Yes No

Instructor: _____ Location: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Dates of Study: _____ Length of Study: _____

3. Have you already selected a college? Have you decided upon a major? Minor?

_____ _____

4. List awards and honors received for 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:

_____ _____

_____

_____

6. List community service activities and organizations:

_____ _____

_____

_____

7. Name a faculty sponsor/mentor who has been instrumental in guiding your career path within the Performing Arts.

Name: _____ Title: _____

Employer: _____

SIGNATURE OF APPLICANT
I certify the information I have submitted is true and correct.

Name: _____ Signature: _____ Date: _____

SIGNATURE OF APPLICANT *(or parent/guardian If under 18 years of age)*
I agree the Lancaster Performing Arts Center Foundation may use photographs and/or video recordings of my audition and interview with or without my name for any lawful purpose, including for example: LPACF Scholarship publicity, advertising, social media and web content.

Name: _____ Signature: _____ Date: _____

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