



**PERFORMING ARTS SCHOLARSHIP  
APPLICATION  
DEADLINE MARCH 31, 2022**

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:

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6. List community service activities and organizations:

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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.**