

VISUAL AND PERFORMING ARTS SCHOLARSHIP/AUDITION APPLICATION

We will contact you by email with a scheduled date, time and location for your audition. Please see the Visual and Performing Arts website for more information on audition criteria at <u>www.cf.edu/arts</u>.

Please return this form by email to <u>pierazep@cf.edu</u> or by mail to Visual and Performing Arts, College of Central Florida, 3001 S.W. College Road, Ocala, 34474-4415 or by fax to 352-873-5886. For more information call Phyllis Pierazek at 352-854-2322, ext. 1419.

Personal Information

		Date: MM/DD/YY		
Legal Name:				
Telephone:	Email:			
CF ID No. (if current CF st	1 \			
Address:				
Street/P.O. Box		City	State	Zip Code
Area of Focus (check a box):			
Instrument/voice part (for audition purposes):			
Theater				
Uisual Art/Digital Medi	a			
Dance				
Semester of intended CF er	ırollment:			
Academic Background				
High School Attended:				
City/State:				
Name of High School Musi	c/Theater or Art Teacher:			
Have you applied for admis	sion to the College of Cen	tral Florida?		
If yes, when was your applied	cation submitted?			
For tuition purposes, are yo	ou claiming Florida residence	cy?		
Please list any academic (or	other) awards received:			

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.