

COMMUNITY SCHOOL OF THE ARTS SENIOR LEARNERS INC. SCHOLARSHIP APPLICATION

Please fill out this application (by printing neatly or completing electronically) and return along with:

- Written nomination from Band Director or Choral Director
- Personal statement

Send all items to:

Laura Wright, Community School of the Arts

College of Central Florida

Charles R. Dassance Fine Arts Center, Room 129

3001 S.W. College Road

Ocala, FL 34474-4415

For questions, please call 352-854-2322, ext. 1416, or email wrightl@cf.edu.

Part I. Application

Personal	l Information				
Date (MM,	/DD/YY):				
Legal Nan	ne:				
Telephone					
Address:	Street/P.O. Box		City	State	ZIP Code
Instrumen	•		City	State	ZII Code
	it/voice:				
Grade:					
Parent/G	uardian 1 Name:				
Telephone	e No.:				
Address:					
	Street/P.O. Box		City	State	ZIP Code
Parent/G	uardian 2 Name:				
Telephone	e No.:				
Address:					
	Street/P.O. Box		City	State	ZIP Code
School I	nformation				
Name:		_		Grade:	
Private m	usic study history?	Yes No			
If yes, plea	ase describe briefly:				
					-

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Part 2. Personal Statement

Attach an essay no more than one page (typed). Address the following components:

- Introduce yourself and describe your academic, musical and career goals.
- How do you plan on reaching these goals? What type of training do you have?
- How will this scholarship opportunity help you meet these goals?

Part 3. Nomination by Band or Choir Director

Please complete and sign:	
I,	(name) believe that this student,
	(student name) will benefit from individual music
study at this level at this time. I belie	eve this student is mature enough to practice the required hours
and is talented at a level deserving of	f this scholarship.
Director's School Name:	
Director Signature	Date: MM/DD/YY

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