



**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 Information

Date (MM/DD/YY): _____

Legal Name: _____

Telephone No.: _____

Address: _____
Street/P.O. Box City State ZIP Code

Instrument/voice: _____

Grade: _____

Parent/Guardian 1 Name: _____

Telephone No.: _____

Address: _____
Street/P.O. Box City State ZIP Code

Parent/Guardian 2 Name: _____

Telephone No.: _____

Address: _____
Street/P.O. Box City State ZIP Code

School Information

Name: _____ Grade: _____

Private music study history? Yes No

If yes, please describe briefly:

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 believe this student is mature enough to practice the required hours
and is talented at a level deserving of this scholarship.

Director's School Name: _____

Director Signature

Date: MM/DD/YY