

**Friend of the Arts Scholarship Award Application**  
*Sponsored by the Friends of the Visual & Performing Arts*

**MUST BE POSTMARKED NO LATER THAN MAY 1**

**Mail to: Scholarship Award, P.O. Box 502, Fultonville, NY 12072**

**PART A**

**Student Information:**

Full Name \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_\_\_

**Parent Information:** (High school students only)

Father's Name \_\_\_\_\_  Living  Deceased

Mother's Name \_\_\_\_\_  Living  Deceased

**College Information:**

Name of school you will attend this fall: \_\_\_\_\_

Location of school \_\_\_\_\_

What will your major be? \_\_\_\_\_

What career path are you considering or planning to follow? \_\_\_\_\_

What is your personal goal for college? \_\_\_\_\_

\_\_\_\_\_

How do you plan to participate, enhance and/or support the arts in your college environment?

**PART B – ALL applicants must complete.**

**FOVAPA Experiences:**

Have you ever participated in a program sponsored by the Friends of the Visual & Performing Arts (FOVAPA)?    Yes       No      If yes, describe all FOVAPA experiences below (what program, what year, how participated):

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Committee Volunteer or Board of Directors Member (what position, what year, what you did)

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Festival Volunteer (what year, what you did)

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Year \_\_\_\_\_      Participation: \_\_\_\_\_

Why did you commit your time and energy to your FOVAPA volunteer experience?

Describe the difference FOVAPA's programs have made in your life.

Describe how you have uniquely contributed to the quality, quantity and/or appreciation of the arts in your school and/or community as a result of your FOVAPA involvement.

**PART C – All applicants must complete.**

Applicant's statement: Tell us in your own words any additional information you would like the selection committee to know and understand about you, your experiences and/or your goals.

*Applicant may include one attachment if desired.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_