

HCA SCHOLARSHIP APPLICATION FORM

A. APPLICANT PERSONAL INFORMATION

Name:

Address:

Phone Number:

E-Mail Address:

Age and School Currently Attending:

B. PROGRAM INFORMATION

What is the name of the program?

Who sponsors the program?

What are the educational goals of the program?

What is the contact information for the program?

What are the dates?

How much does it cost?

What is the application deadline for the program?

If there is a brochure or other brief written information about the program, please attach it to this application.

C. FINANCIAL INFORMATION

How much financial assistance do you need in order to attend the program?

Do you have other resources of financial support to attend this program? If so, please tell us how much and list the source(s).

D. QUALIFICATIONS

What do you expect to gain or benefit from attending this arts program?

Are there any special qualifications needed to attend?

Briefly describe why you believe you should be awarded this scholarship.

Signature of Student Applicant

Date

Please have an arts teacher fill out and sign the third page of this application beginning at Section E.

E. TEACHER RECOMMENDATION

Please tell us something about this student's interest in the arts, whether you think this student would benefit from the proposed program, and whether this scholarship would assist the student in taking part in this activity.

Teacher Signature

Date

Teacher Contact Information (email, phone number, or address):