

# HIGHLAND COUNTY ARTS COUNCIL SCHOLARSHIP APPLICATION

1. Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. School Now Attending:  
High School \_\_\_\_\_

Will Graduate \_\_\_\_\_ Ranked \_\_\_\_\_ in a class of \_\_\_\_\_

SAT Test Results \_\_\_\_\_ ACT Test Results \_\_\_\_\_

3. I plan to attend \_\_\_\_\_

To major in \_\_\_\_\_

You must be planning to pursue the Arts to receive a scholarship.

I \_\_\_\_\_ have/ \_\_\_\_\_ have not been accepted at this college/university

4. In what branch of the arts do you specialize?

Please write a brief description of your school experience in the Arts and attach to this application. What have you done to enhance your skills, have you studied privately, participated in contests or exhibits outside of school? Have you participated in any of the activities available through the Arts Council? If so, please describe.

Briefly explain how the Arts in general, and your specialty in particular, fit into your everyday life. Why are the Arts important? Are you interested in a career in the Arts (including teaching)?

5. Please submit a confidential letter of reference from your primary Arts teacher and another adult who knows you well. **Please be sure to return your material to the Highland High School Guidance Office. If you are home schooled, please send your application to the Arts Council, PO Box 175, Monterey, VA 24465. Mark the envelope: Scholarship Application Enclosed.**

**Applications are due by April 1.**

6. The Highland County Arts Council disperses scholarship funds during the second semester of your freshman year in college/university. At the beginning of your second semester, please send to the President of the Highland County Arts Council, PO Box 175, Monterey, VA 24465, your student ID number, financial office address of your college/university and a transcript of your grades.

I am aware of the requirements pertaining to the scholarship program. I agree to fulfill obligations on my part, to follow the qualifying criteria and to authorize the school(s) to release my scholastic records, if they are requested.

Date of Application

Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_

Date of Application

Parent/Guardian signature

\_\_\_\_\_

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