

ARTS SCHOLARSHIP APPLICATION FOR DOUGLAS I. SMITH MEMORIAL GRANT

Please note that this grant is for school aged individuals (excludes college) if this is a group application, it must target youth under age 16 and the group director should make the application.

Applicant/or Youth Leader				Age:	
Address:			Phone Number:		
City:		State:		Zip:	
Parent's Name(s):				Phone Number:	
Address (if different):					
City:		State:		Zip:	

Area of Arts Study (<i>music, voice, instrumental, theatre, visual, dance</i>):	
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Are you a resident of Wicomico County?			
Name of School you are currently attending:			
Curriculum and grade level:			
For what specific project, event, or activity are you seeking financial assistance?			
Current GPA: _____			
Project Name:		Contact Information:	
And/or Group Activity:		Contact Information:	

Briefly explain your financial situation and why you need assistance.

Arts Scholarship Application Form

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Please list - in this space ONLY - the major school and extracurricular activities in which you are involved (both in arts fields and non-arts fields):	
Please list - in this space ONLY - the major school honors or other meritorious (and/or financial) awards you have received:	

Have you participated in similar arts activities?	
If so which one(s)?	
Is this your first experience in this art field?	

The next three questions only need to be filled out for a group application. Note that event program mention of support grant is necessary in all materials.

What event is planned:	
Date of event:	
Anticipated attendance:	

For the next two questions do not exceed 100 words and you must type or data entry your response. Multiple copies of this application need to be made for the evaluation committee and your response must be legible.

1)Why have you chosen your arts field and why is it important to you?

2) Please give a description of each of the works you have chosen to present and/or why you feel they best represent your artistic vision, perspectives and goals. And a description of the program, event, or activity in which you seek financial assistance complete with projected successful results and personal achievement expected.

In the event that you are requested to participate in an audition and/or interview, please indicate what equipment/materials you will need for your audition/interview:

piano
cassette player
dance floor
CD player

keyboard
music stand
computer (Mac G available)*
other? _____

APPLICATION CHECKLIST:

- _____ This application form completed
- _____ Written proposal of grant usage
- _____ Copy of academic transcript attached
- _____ Delivered to the Salisbury Wicomico Arts Council no later than 5PM on deadline date

-I agree to notify the SWAC Grant Review Committee of any event or production activity dates and times.

-I agree that if circumstances change, to alter the need for the grant, or any variance as to the project or outcome than described here, I will return the grant funds to the Salisbury Wicomico Arts Council.

Youth or Group Director: _____

Date: _____

Or

Student Applicant: _____

Date: _____

And

Parent Signature: _____

Date: _____