

**Community Alliance for the Performing Arts Fund
Boy's In the Arts Scholarship
Application 2016-2017**

Due by Monday, July 15, 2016

Name: _____ **Age:** ____ **DOB:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Father's Name: _____ **Mother's Name:** _____
Home Phone #: _____
Father's Email: _____ **Cell:** _____
Mother's Email: _____ **Cell:** _____
Student's Email: _____ **Cell:** _____

Are you currently studying at a performing arts school or private studio?
___ Yes ___ No

Name of school or studio: _____
Number of Years studied: _____

Do you sing? ___ Yes ___ No **Vocal classification:** ___ Tenor ___ Bass

Do you dance? ___ Yes ___ No ___ Ballet ___ Jazz ___ Tap
___ Other: _____

Do you act? ___ Yes ___ No ___ Comedy ___ Drama ___ Musical

Do you have theater experience? ___ Yes ___ No

Please list Production name, Role & Company

	<u>Production Name</u>	<u>Role</u>	<u>Company</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

List all extracurricular activities that you participate in (First list the ones that would interfere with classes you would be required to take if accepted to the program. (Note: EVSPA's holds classes from Mon-Friday 5:00 p.m. – 8:30 p.m. and Saturdays 9 a.m. to 2 p.m. Classes at EVSPA are considered to hold the same consideration as academic core subjects such as math, science, English and humanities. Extracurricular activities involve all other activities such as sports or school functions outside of normal school hours of operations. **Students submitting application must be willing to make classes at EVSPA a priority for the duration of the academic year (September 2016 – June 2017).**

Conflicting Activity	Month/Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay Required: Attach an essay on why you should be considered for a scholarship to study performing arts at the Eastern Virginia School for the Performing Arts. Note: Parents, please allow your child to write this in their own words. It is a very important part of the process.

For Parents Completion

Do you understand the commitment required of you and your child if accepted?

Yes No

Are you applying for this scholarship because your household revenue vs. expenses makes it impossible to pay for the cost of professional training? Yes No

Would you still participate if you child was given partial scholarship to allow more students into the program? Yes No

Are you willing to accept financial responsibility to pay for all classes your child has taken if they do not complete the program? Yes No

Signature Required:

Student

Parent 1

Parent 2