

Arts Ambassador Scholarship Application

Awarded by Enspire Arts

I. Personal Information

Applicant's Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Name of School Currently Enrolled In: _____ Grade: _____

Address of Primary Residence:

(The applicant must be a U.S. citizen or permanent resident living in Clark County, WA)

Street City State Zip Code

Alternate Address if Different from Above:

Street City State Zip Code

Telephone Number: _____

Parent/Legal Guardian Name(s): _____

Primary Email Address: _____

Secondary Email Address: _____

I have applied to Arts Ambassador Scholarship in the Past: Yes _____ No _____

II. Artistic Discipline

Please "X" the discipline in which you are studying:

Dance _____ Music _____ Theater _____ Film/Video _____

Fine Arts/Visual Arts _____ Design/Applied Art _____ Literary Arts _____

Other (Please describe) _____

Please specify your area of specialization within your discipline: (i.e., if music, piano; if fine arts, painting; if dance, modern dance, etc.)

Have you had any private/formal instruction in your discipline? Yes _____ No _____

If so, how long? _____ Name of your private instructor/school _____

Briefly describe your project if awarded an Arts Ambassador Scholarship and how the scholarship will benefit you and the community:

An applicant related to Enspire Arts board of directors and board members can only receive a scholarship strictly based on the merit of the chosen discipline. Are you related to any member of Enspire Arts board of directors or board members? Yes _____ No _____
If yes, please identify the board member and the relationship: _____

Statement of Accuracy and Authorization Information

I hereby affirm that all the above information provided above is true and correct to the best of my knowledge. I grant my permission for the information contained herein to be shared with the scholarship committees and the scholarship donors. If awarded a scholarship, I release to Enspire Arts the right to use my name, story, pictures and videos for any printed and video materials, reports, and press releases without compensation, as well as attend ceremonies and receptions. If awarded, I also agree to finish my Art Ambassador project and gift it to the community by May 31st of the following year.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

<p>Enspire Arts Office Use Only:</p> <p>Application Received on _____ Scholarship Awarded on _____</p> <p>Enspire Arts Board President Signature _____</p> <p>Enspire Arts Scholarship Committee Chair Signature _____</p>
