

2017 Sue Drummond Scholarship Application

Name \_\_\_\_\_ Grade in the 2017/2018 school year \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

School Name \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Arts Camp/School Program you plan to attend \_\_\_\_\_

Camp Address (**Where payments should be sent**): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total Cost of Program \_\_\_\_\_

Amount Requested (**up to 50% of the cost of the camp up to \$1,000**) \_\_\_\_\_

Do you receive Free or Reduced Lunch?  Yes  No  I prefer not to answer

\*Your answer to this questions will neither preclude nor guarantee a scholarship.

Please answer the following questions.

1. Describe the talents and attributes that you possess that qualify you for this program.

2. How will this opportunity help you develop your talents and future goals?

3. What other scholarships have you applied for or received.
  
4. What else would you like us to know (**special consideration, financial circumstances, etc.**)?

**Attach the following with your application:**

1. A copy of the description of the summer program (brochure or other) you wish to attend
2. Proof of application or acceptance to the program of choice
3. A list of extra-curricular activities related to your artistic interest/talent
4. Teacher Endorsement - The applicant needs to have a fine artist instructor (band director, art teacher, private lesson instructor, etc.) sign the endorsement below.

<b>TEACHER ENDORSEMENT</b>	
By signing below you believe that the applicant is a qualified candidate for both the camp they are applying and the Sue Drummond Scholarship.	
Name (Printed): _____	
Signature: _____	
Title: _____	School or Organization: _____

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Signature of Student Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian statement: I am aware of this application and support my child's participation.  
All the information provided on this application is correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application and attachments by Friday, April 14, 2017 to:  
 Thornapple Arts Council  
 PO Box 36, Hastings, MI 49058  
 269.945.2002  
[www.thornapplearts.org](http://www.thornapplearts.org)

**All applications must be postmarked by April 14, 2017.**  
**Incomplete applications will be disqualified.**

Please note: **The Scholarship Committee will contact you via the e-mail address listed above.** If you have not been contacted by Monday, April 24 to set up an audition with the Scholarship Committee, please call the Thornapple Arts Council at 269-945-2002.