**CHAMPAIGN COUNTY ARTS COUNCIL**

**EVA & CHARLES B. ENGLISH**

**SCHOLARSHIP FOR THE FINE ARTS**

**2024-$500**

This scholarship is awarded annually to a Champaign County High School Senior who wishes to pursue the study of fine arts in college. Application must be TYPED. Please answer all questions as thoroughly as possible. Attach additional pages as necessary and applicable.

The deadline for applications is April 5, 2024. Mail or deliver to the Scholarship Committee, Champaign County Arts Council, 119 Miami Street, Urbana, OH 43078. If you have any questions, please call 937-653-7557.

NAME:

MAILING ADDRESS:

CITY: ZIP: PHONE:

FATHER’S NAME: OCCUPATION:

MOTHER’S NAME: OCCUPATION:

HIGH SCHOOL: CLASS RANK: OUT OF

OVERALL G.P.A. MAJOR ARTS AREA G.P.A. ACT SCORE:

1) WHERE DO YOU WISH TO STUDY?

2a) HAVE YOU BEEN ACCEPTED? 2b) IF NOT, HAVE YOU APPLIED?

3) HAVE YOU BEEN ACCEPTED AT OTHER INSTITUTIONS? IF SO, WHERE?

4) INTENDED MAJOR:

5) WHY DO YOU WISH TO PURSUE THIS AREA OF THE ARTS?

6) HAVE YOU RECEIVED ANY SCHOLARSHIPS OR FINANCIAL REWARDS? PLEASE LIST.

7) PLEASE LIST OTHER SCHOLARSHIPS/FINANCIAL AID FOR WHICH YOU HAVE APPLIED.

8) PLEASE COMMENT ON THE EXTENT OF YOUR NEED FOR SCHOLARSHIP ASSISTANCE.

9) PLEASE LIST YOUR EXTRACURRICULAR ACTIVITIES.

10) PLEASE HAVE TWO VARIED REFERENCES, ONE OF WHICH MUST BE A TEACHER IN YOUR MAJOR ARTS AREA AND ONE MUST BE OUTSIDE OF YOUR MAJOR ART AREA (PASTOR, CLERGY, EMPLOYER ETC) COMPLETE THE ATTACHED REFERENCE SHEET.

REFERENCE #1

NAME

MAILING ADDRESS

CITY STATE ZIP DAYTIME PHONE

OCCUPATION

REFERENCE #2

NAME

MAILING ADDRESS

CITY STATE ZIP DAYTIME PHONE

OCCUPATION

11) **PLEASE ATTACH A TRANSCRIPT WITH 7-SEMESTER INFORMATION**.

**CHAMPAIGN COUNTY ARTS COUNCIL**

**EVA & CHARLES B. ENGLISH**

**SCHOLARSHIP FOR THE FINE ARTS**

**2024-$500**

This reference **MUST REACH THE CHAMPAIGN COUNTY ARTS COUNCIL BY APRIL 5, 2024**. Mail or deliver to the Scholarship Committee, Champaign County Arts Council, 119 Miami St., Urbana, OH 43078. If you have questions, please call 937-653-7557.

Please TYPE this form. Keep in mind that the ratings will be used to compare this student with others from Champaign County. Check the single most appropriate box. If you have no basis for judgment, do not hesitate to check that box.

**NAME OF APPLICANT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **AVERAGE** | **ABOVE AVERAGE** | **EXCELLENT** | **NO BASIS** |
| Critical & Questioning Attitude |  |  |  |  |
| Leadership |  |  |  |  |
| Self-Confidence |  |  |  |  |
| Warmth of Personality |  |  |  |  |
| Sense of Humor |  |  |  |  |
| Concern for Others |  |  |  |  |
| Energy & Initiative |  |  |  |  |
| Emotional Maturity |  |  |  |  |
| Reaction to Setbacks |  |  |  |  |
| Respect Accorded by Faculty |  |  |  |  |
| Respect Accorded by Peers |  |  |  |  |

Please attach a statement telling us what you think is important about this applicant, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth and special talents.

REFERENCE NAME: DATE:

SIGNATURE: