



38660 Mentor Avenue
Willoughby, Ohio 44094-7797
www.fineartsassociation.org



Curriculum:

Visual Arts

Theatre

Dance

Achievement Scholarship Application

Date _____ Session: _____

Student's Name _____ Birth Date _____

Address _____
Street City Zip

Home Phone _____ Cell/Work Phone _____

Parent/Guardian _____ Employer _____

Address *(if different from student)* _____

Grade and School *(if under 18)* _____

FAA classes taken currently or within the past year _____

Class Desired _____ Instructor (If known) _____

Student's previous experience/study in this curriculum _____

Please write a brief autobiography *(use other side if necessary)* _____

Additional comments may be made on the reverse side of this sheet.

There will be occasions when our scholarship recipients and/or their parents/guardians will be asked to assist us with volunteer services. Volunteers are vital partners who keep us a vibrant and affordable center for arts education in our community.

Student Signature

Parent/Guardian Signature

Director of Education Use Only: Scholarship Awarded Yes No Total Amount Awarded: \$ _____
Scholarship Name: _____

Women's Committee Scholarship \$ _____ Gwen Yarnell Theater Ach \$ _____
(No Music Scholarships) (Theatre Only)

Other _____ \$ _____