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Dave Young Vocal Scholarship

Applicant

Full Name: _____
(First) (Middle) (Last)

Preferred Name: _____

Email Address: _____

Mailing Address: _____
(Street) (City) (Zip Code)

Parents/Guardians' Names: _____

High School (select one): Alcovy High Eastside High Newton High

Financial Need

Approximate Combined Parents/Guardians Gross Income: _____

Do you expect to qualify for Georgia's HOPE Scholarship -3.0 gpa or higher (select one): Yes No

Which college do you plan to attend? _____

Have you applied and/or been accepted? (select one): Yes No

What are your housing plans for the upcoming school year? _____

Number of dependent children in your family and ages? _____

How many of the dependents will be full-time college students next school year? _____

List any other scholarships or grants that you have applied for or expect to receive.

Are your parents/guardians employed? If so, please list where: _____

Academics

ACT Score (if applicable): _____ SAT Score (if applicable): _____

Cumulative GPA (100 point scale): _____

What degree/diploma/certificate to you plan to earn? _____

What is your proposed major/course of study? _____

Vocal Experience

Have you participated in your high school choral programs? If so, please list and how many years of each:

Have you participated in choral programs outside of school? If so, please list and how many years of each:

Please include any other information about your vocal experience that you believe the committee should be aware of:

Leadership, Extracurriculars, and Attachments

- Attach a resume of your high school achievements and activities
- Attach a one-page essay about what impact the arts have made in your life.
- Attach a copy of your high school transcript
- Attach 2 recommendation letters: *One should be from a high school teacher, counselor, or administrator, and the second can be from another high school teacher, counselor, administrator, or someone from the community such as from an employer or your church.*

Signature of Applicant: _____ Date: _____