

STOCKBRIDGE AREA ARTS COUNCIL
2025 STOCKBRIDGE HIGH SCHOOL GRADUATING SENIORS
\$500 SCHOLARSHIP APPLICATION

Please PRINT clearly. If additional space is needed, please use the reverse side of this form.

NAME:

ADDRESS:

PHONE:

1. To what college/institution have you been accepted?

2. What is your intended field of study?

3. How do you intend to finance your college education?

4. List any past experiences relevant to your area of talent (i.e., performances, shows, competitions, awards)

5. How do you intend to use your talent in a career?

6. Please attach a letter of recommendation from a person who is familiar with your work.

SIGNATURE OF APPLICANT:

DATE:

Official GPA:

Attendance:

Counselor, please confirm with signature:

FINAL APPLICATION DEADLINE: APRIL 15, 2025

RETURN COMPLETED APPLICATION AND LETTER OF RECOMMENDATION TO THE SCHOOL OFFICE BY ABOVE DEADLINE.

Use this area if needed to complete any questions: