

MADISON CHAUTAUQUA SCHOLARSHIP FOR THE ARTS
Administered by the Community Foundation of Madison & Jefferson County

The Madison Chautauqua Festival of Art is looking for students with talent in the “arts” field who would like to further develop their talent either in college or other arts (IRS qualified) programs.

This scholarship is open to any Junior or Senior recommended by their Counselor or their Arts and Performing Arts-Related Teacher(s).

Eligible Categories: Visual Arts, Performing Arts, Photography, Graphic Arts, Drama, and Design.

Please fill out this application and return to your Counselor by noon March 7, 2011, along with a sample of your work in the form of 8” x 10” digital photos, CD or DVD. (Make sure all products are appropriately identified and packaged for their protection in transfer.) Attach a letter of recommendation from your teacher.

The scholarship amount is based on the return investments of our endowment with the Community Foundation of Madison and Jefferson County. Last year’s two awards totaled \$1,000.

Please Note: Employees and board members of the Community Foundation, as well as family members of the aforementioned individuals, are ineligible for this scholarship. This includes spouses, lineal descendants and their spouses, and brothers and sisters and their spouses. The time period covered is one year from date of severance of volunteer position or employment.

Student Information:

Student Name: _____

Address _____ State _____ Zip _____

High School _____

Parent Or Guardian Information:

Mother _____ Phone _____

Address _____ State _____ Zip _____

Father _____ Phone _____

Address _____ State _____ Zip _____

List Any School Activities and / or Awards:

Community Activities:

List Arts/Performing Arts Related Activities:

Describe Your Talent:

How Do You Plan to Further Develop Your Talent?

Give Name & Information about School or Program Scholarship will be used for:

I certify that all of the information on this application is true and complete to the best of my knowledge. If asked by an authorized official of the Community Foundation of Madison and Jefferson County, Inc., or the Madison Chautauqua, I agree to provide any documentation needed to verify the information in this application.

All parties involved in this application must sign this certification in order to have this application considered.

Applicant

Date_____

Parent

Date_____

Legal Guardian

Date_____

Recommending Teacher

Date_____

(Or) Counselor

Date_____

**APPLICATIONS MUST BE RECEIVED BY YOUR COUNSELOR
BEFORE NOON MARCH 7, 2011.**