

Community Arts Network

Performing Arts Training Financial Assistance Form: (for Ages 12-Adult)

Full name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>State</i> <i>Zip Code</i>		

What professional performing arts school or organization do you plan to attend?

Performing Interest (choose your area): Dance, Music, Theater, Film

Performing Arts Experience – Briefly describe your plans to continue your training in the performing arts. Attach a resume if applicable.

How important are the performing arts to you? (150-300 Words)

How important are the performing arts to a community? (150-300 Words)

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to the award of financial assistance, I understand that false or misleading information in my application or interview may result in the revocation of my award.

By signing below, I attest that I will use the financial assistance to complete/continue performing arts training at:

(Name/Address of Performing Arts Organization)

Signature:		Date:	
Parent/Guardian Signature:		Date:	

FINANCIAL ASSISTANCE LIMITED TO OHIO RESIDENTS TRAINING IN THE PERFORMING ARTS AT PROFESSIONAL OHIO PERFORMING ARTS SCHOOLS AND ORGANIZATIONS