

Community Arts Network

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

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt/Unit #

Phone:

City

State

Zip Code

Email:

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

Performing Interest: 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 a 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.

Please email completed form to contact@communityartsnetworkdoh.org