



PO BOX 4389 • CHATTANOOGA, TN 37405

## **GUIDELINES FOR SCHOLARSHIP APPLICATION** (Revised January 24, 2023)

Thank you for your dedication to the performing arts and your interest in the Performing Arts League Scholarship program.

The purpose of the Performing Arts League Scholarship program is to encourage the expansion and development of programs that recruit, develop or train young students for participation in all disciplines of the Performing Arts, including Dance, Instrumental, Theatre, and Vocal. **Scholarships are available to students (high school age or younger) who are active participants in Hamilton County 501(c)3 performing arts organizations.** More than one student within the organization may make one scholarship request each. Only one scholarship awarded will be allocated per student per year.

**LEGAL ASSURANCE:** *(In the event that a scholarship is awarded as a result of this Application, the recipient agrees to the following terms and conditions as signified by the applicants' signatures. This Application shall become part of the legally binding contract between the applicant and the Performing Arts League.)*

- The scholarship award must be used only for the requested need. The award will be paid directly to the performing arts organization, camp, workshop that you will attend, or named teacher with whom you will study.
- The recipient shall submit a short essay within thirty (30) days of completion of the awarded activity to the Performing Arts League, Inc., summarizing how this scholarship award was used and how it supports your involvement in the performing art.
- Credit must be given to Performing Arts League, Inc. in any printed materials, publicity, including websites. When no printed information is used, verbal credit shall be given prior to each performance or presentation.

Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian typed or printed name \_\_\_\_\_

**Please return completed application by specified deadline to:**

**Linda Thompson,  
PAL Scholarships & Grants Vice President  
P. O. Box 4389  
Chattanooga, TN 37405                      OR                      email: [finalrequests@bellsouth.net](mailto:finalrequests@bellsouth.net)**

*To promote youth involvement in the performing arts*

**SCHOLARSHIP APPLICATION** (Revised Jan. 24, 2023)      Date received by PAL \_\_\_\_\_

(Please type or print in blue or black ink)

**Deadline for complete Scholarship Application submission must be postmarked or emailed by midnight March 20, 2023.**

**In the interest of fairness and equity, late applications will not be considered. We suggest you use certified mail or email read receipt.**

***Notification of awards will be made by April 30, 2023.***

**STUDENT AND PARENT/GUARDIAN INFORMATION**

**To be completed by the student:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Academic School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Performing Organization: \_\_\_\_\_ Number of Years Enrolled? \_\_\_\_\_

Discipline/Talent: \_\_\_\_\_ How Long Have You Participated? \_\_\_\_\_

**BRIEFLY EXPLAIN HOW THIS SCHOLARSHIP WILL AID YOUR FUTURE ARTS GOALS.**

**WHAT DO YOU FEEL YOUR STRENGTHS ARE AS A STUDENT ARTIST? Include any recognitions you may have received.**

Performing Organization or School Performing Group Name: \_\_\_\_\_

Director/Teacher's Name and Phone Number: \_\_\_\_\_

Director/Teacher E-Mail Address: \_\_\_\_\_

WHAT IS INTENDED USE OF SCHOLARSHIP? Workshop/Intensive \_\_\_\_\_ Private Lessons \_\_\_\_\_  
Camp \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Name of Scholarship Program or Individual Private Teacher: \_\_\_\_\_

Dates: \_\_\_\_\_

Location of Program/Private Teacher \_\_\_\_\_

Program Application Submitted? \_\_\_\_\_ Have You Been Accepted? \_\_\_\_\_

Total Tuition Amount: \_\_\_\_\_ Deadline for Tuition: \_\_\_\_\_

**To be completed by parent/guardian:**

I, (legibly print) \_\_\_\_\_, am the parent or legal guardian of the above-named student.

The amount our family can reasonably be expected to contribute is \$ \_\_\_\_\_.

The amount my student seeks in scholarship funds is \$ \_\_\_\_\_

\*Amounts awarded vary each year. Partial scholarships are typically awarded. Additional amounts may be awarded based upon funds availability.

Have you received or expect to receive additional funds? \_\_\_\_\_ Amount? \_\_\_\_\_

The amount of any additional funds received before or after application submission must be reported to PAL.

What is the name and address of private teacher or summer program? Checks will be written only to the named teacher or summer program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am the parent or legal guardian of the above-named student. By signing below I acknowledge my support for this application.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

If there are specific circumstances/reasons for need, please attach a separate letter.

**CONFIDENTIAL CURRENT ARTS TEACHER EVALUATION FORM** Date received by PAL \_\_\_\_\_

**Students: Give this recommendation to your current arts teacher Confirm that they have submitted form to PAL by the deadline.**

**Evaluation form must be postmarked or emailed by midnight March 20, 2023.**

**Arts Teachers: Do not return to student. Please return this page directly to:**

Linda Thompson  
PAL Scholarships & Grants Vice President  
P. O. Box 4389  
Chattanooga, TN 37405                      **OR**                      email: finalrequests@bellsouth.net

(Please type or print in blue or black ink)

Name of Student: \_\_\_\_\_

Current Performing Arts Organization/Teacher's Name: \_\_\_\_\_

This applicant is a current student in my program      Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you taught this student? \_\_\_\_\_

Please rate the student on the following:

	LOW	FAIR	AVERAGE	GOOD	EXCELLENT
Talent	1	2	3	4	5
Dependability	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership Qualities	1	2	3	4	5
Potential	1	2	3	4	5

Do you have any further comments concerning your ratings?

Do you support this student's application for a PAL Scholarship? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you feel this student has a financial need? If so, please elaborate on a separate page.

Teacher/Director's  
Signature \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_