



## *Scholarship Application Packet*

*For further information Please contact:*

*Artistic Pathways  
Laura Simpson, Scholarship Committee  
3265 East Patrick Lane, Las Vegas, Nevada 89120  
Ph: (702) 458-7575*

# Scholarship Information

Artistic Pathways is a non-profit corporation dedicated to the advancement of the performing arts. We are therefore pleased to be able to provide these two scholarship programs ranging from Five Hundred Dollars (\$500) to Two Thousand Five Hundred Dollars (\$2,500) for the benefit of those who share our passion for the arts.

**Financial Need Scholarship** - This scholarship is provided to those who require extra financial assistance in order to pursue their chosen performing art field. Parents or guardians of the applicant are required to include the Financial Survey Form included in this scholarship packet when they submit their signed Scholarship Application Form. The Scholarship Committee for Artistic Pathways may also require parents to provide additional financial information and information regarding any other education assistance programs for which they qualify through either government or privately owned organizations.

**Gifted Student Scholarship** - This scholarship is awarded to gifted students who demonstrate exceptional talent in the performing arts and have been pre-approved by the Scholarship Committee to apply for the scholarship. It's purpose is to provide an independent study opportunity outside the usual course of study. Only applicants who have been pre-approved may apply for this scholarship.

If an applicant is awarded a Gifted Student Scholarship, the recipient will be required to participate in a post-award interview, workshop, and/or demonstration under the direction of the Scholarship Committee for the benefit of the recipient's fellow students.

In order to receive either scholarship, you must first fill out and submit the Scholarship Application Form included in this packet, as well as any other forms pertaining to the specific scholarship. Scholarship Applications are reviewed on a monthly basis by the Scholarship Committee and must be submitted by the 15<sup>th</sup> of each month in order to be considered for scholarships awarded the following month.

Since funding for scholarships is limited, we cannot guarantee that your child will receive a scholarship, even if he or she qualifies. If your application is declined, you can reapply for a scholarship three months after receiving a declination letter from the Scholarship Committee.



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# Scholarship Criteria

- Applicant must be a resident of Southern Nevada. (Proof of Residence is Required.)
- Applicant must maintain excellent attendance to all classes at the institution or school for the performing arts to which they attend.
- If the applicant is currently enrolled in an education program (public, private, or home school), they must maintain at least a 3.0 grade point average. Original transcripts must be submitted with the Scholarship Application.
- Applicant must be between the ages of ten (10) and eighteen (18) as of January 1, of the award year.
- The applicant must attach to the submission form a Personal Statement (500 words or less) describing what their art form means to them, what their goals are, and how the scholarship would affect the pursuit of their goals.
- Applicant must attach to the submission form a current professional resume.
- Applicant must provide at least two (2) letters of recommendation. Letters of recommendation may not be submitted from individuals who are relatives to the applicant.
- Applicant may be required to provide samples of video and/or audio recordings of past performances or classes.
- After the Scholarship Application has been submitted, the applicant may be required to participate in an audition and/or interview before the Scholarship Committee.



## Parent and/or Guardian Waiver

I am the parent and/or guardian of \_\_\_\_\_,  
the child named in the attached Scholarship Application. I have read the above information  
regarding the scholarships available and the criteria for the awarding of the scholarships provided  
by Artistic Pathways.

I understand that by submitting the Scholarship Application to the Scholarship  
Committee, I agree to abide by their decision regarding the acceptance or denial of the  
Scholarship Application regardless of any verbal assurances from any of the other faculty and/or  
staff members of the institution or school to which my child would like to attend.

I understand that submitting an application for a scholarship does not guarantee my child  
of a scholarship, even if he or she qualifies for said scholarship, and that I must wait three  
months after receiving a declination letter from the Scholarship Committee before submitting  
another application.

I understand that even if the application is accepted, my child's scholarship can be  
revoked at any time if my child no longer meets the criteria of the scholarship as listed in the  
Scholarship Criteria section of the Scholarship Application Packet.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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# *Applicant Waiver*

I \_\_\_\_\_ am the applicant listed on the attached Scholarship Application. I am eighteen (18) years of age or older and I have read the above information regarding the scholarships available and the criteria for the awarding of the scholarships provided by Artistic Pathways

I understand that by submitting the Scholarship Application to the Scholarship Committee, I agree to abide by their decision regarding the acceptance or denial of my Scholarship Application regardless of any verbal assurances from any of the other faculty and/or staff members of the institution or school to which I would like to attend.

I understand that submitting an application for a scholarship does not guarantee me of a scholarship, even if I qualify for said scholarship, and that I must wait three months after receiving a declination letter from the Scholarship Committee before submitting another application.

I understand that even if the application is accepted, my scholarship can be revoked at any time if I no longer meet the criteria of the scholarship as listed in the Scholarship Criteria section of the Scholarship Application Packet.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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# Financial Survey Form

(To be attached to the Application for Financial Need Scholarship)

Applicant's Name: \_\_\_\_\_  
First
M.
Last

Have you applied for a Financial Need Scholarship in the past year?  Yes  No

Parent/Guardian Name(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Alt. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Number of working adults in household: \_\_\_\_\_      Number of children in household: \_\_\_\_\_

Annual household pre-tax income: \$ \_\_\_\_\_

(Please attach paycheck stubs, W-2s and current tax returns for each working adult in household)

Please answer the following questions (Use additional pages if necessary):

- 1) **Are you currently *receiving* financial assistance from any governmental or private organizations?** (Social Security, Welfare, Disability, etc.) **If so, please list each program and how much money you receive from the program on a monthly basis.**

Organization	Amount
	\$
	\$
	\$
	\$

- 2) **Are you currently *receiving* any form of alimony or child support? If so, please list the amounts below.**

	Amount
Alimony	\$
Child Support	\$

- 3) **Are you currently *paying* any form of alimony or child support? If so, please list the amounts below.**

	Amount
Alimony	\$
Child Support	\$



# Financial Survey Form

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- 4) Please list all dependants and their ages, including the applicant. If the dependant is living in a location other than your home (college, assisted living, etc.), please also include the approximate amount of financial assistance rendered each month:

Name of Dependant	Age	Amount of Assistance Rendered by Parent/Guardian

- 5) Are there any special family circumstances such as divorce, separation, unemployment, illness etc. which contributes to the necessity for this scholarship?

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- 6) Are there any other funds which might be applied to the candidate's education such as legacies, gifts, trust funds, educational insurance, etc.?

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I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian's Signature Date



**Please remember to attach the following documents/items to your Scholarship Application. Failure to provide even one of these items may disqualify you from receiving a Scholarship.**

- Applicant and/or Parent Guardian Waiver.
- Proof of residency in Southern Nevada.
- Original transcript for the current semester.
- Financial Survey Form and all related documentation. (*Financial Need Scholarship Only.*)
- Personal Statement from the applicant.
- Professional Resume.
- Two (2) letters of recommendation from advisors, instructors, or other references related to the performing arts. Letters of recommendation may not be submitted from individuals who are relatives of the applicant.
- Media Submission Form, including the video and/or audio recordings referenced therein.

***Please submit the completed application and all related documentation to:***

Artistic Pathways  
Attn: Laura Simpson, Scholarship Committee  
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