

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number.* 2009-CAH-  
**Student Application - Part I**

*Type or Print Neatly in Black Ink  
Please fill in as completely as possible.*

1. NAME OF CANDIDATE: \_\_\_\_\_  
Last First M.I.

2. HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Town/City State Zip Code

3. HOME TELEPHONE NO.: \_\_\_\_\_

4. NAME OF SCHOOL: \_\_\_\_\_

5. PRESENT GRADE LEVEL: \_\_\_\_\_

6. DATE OF BIRTH\*: \_\_\_\_\_

*\* Student must have reached the age of 13 no later than April 1 of the year of the application and be no older than 21.*

The decision to apply for the Council for the Arts Scholarship Program is my own, and I will abide by the regulations explained in the Program Requirements and Criteria for Selecting Candidates. The responses contained in the student application form are my own.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Candidate

*To be Completed by Parent or Guardian*

**Parent or Guardian:**

With whom does the student reside: \_\_\_\_\_ Parent \_\_\_\_\_ Guardian

FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, permit him/her to be considered as a scholarship candidate for the Council for the Arts of Herndon Student Scholarship Program. I understand that if he/she is selected to receive the scholarship, the monies must be used for the completion of the program or curriculum noted on the application. Further, I understand that the grant does not imply any additional financial support, and if accepted, my child will be responsible for the remainder of costs, if any.

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

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number.* 2009-CAH-

**Student Application - Part II**

*Type or Print Neatly in Black Ink  
Please fill in as completely as possible. Answers must fit in the space provided, DO NOT ATTACH  
ANY DOCUMENTATION UNLESS REQUESTED*

WHAT IS YOUR ART MEDIUM OF CHOICE?
NAME OF PROGRAM TO BE PURSUED WITH SCHOLARSHIP
IDENTIFY ORGANIZATION, SCHOOL, OR UNIVERSITY THAT WILL SUPERVISE THE PROGRAM ( <i>Provide Address, Contact Person and Telephone Number of Organization, School or University</i> )
IN THE SPACE PROVIDED, BRIEFLY DESCRIBE THE PROGRAM

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number.* 2009-CAH-

**Student Application - Part II**

*Type or Print Neatly in Black Ink  
Please fill in as completely as possible. Answers must fit in the space provided, DO NOT ATTACH  
ANY DOCUMENTATION UNLESS REQUESTED*

WHAT IS THE PURPOSE OF THE PROGRAM?
WHAT IS THE DURATION OF THE PROGRAM?
ITEMIZE BELOW THE COST OF THE PROGRAM
PLEASE INDICATE WHAT THE EVALUATION CRITERIA ARE IN ORDER TO BE SELECTED FOR ENROLLMENT IN THE ABOVE PROGRAM

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number.* 2009-CAH-

**Student Application - Part II**

*Type or Print Neatly in Black Ink*

*Please fill in as completely as possible. Answers must fit in the space provided, DO NOT ATTACH ANY DOCUMENTATION UNLESS REQUESTED*

HOW SELECTIVE IS THE PROGRAM?

WHY IS THIS PROGRAM IMPORTANT TO YOU?

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number. 2009-CAH-*

**Student Application - Part III  
Resume/Background Information**

*Type or Print Neatly in Black Ink*

*Please fill in as completely as possible. Answers must fit in the space provided, DO NOT ATTACH ANY DOCUMENTATION UNLESS REQUESTED. Especially important to list information as it relates to the medium select. Please put in Chronological Order.*

School	Course	Teacher	Duration	Cost	Awards Received	Related Community Involvement	Comments

**THE COUNCIL FOR THE ARTS OF HERNDON  
STUDENT SCHOLARSHIP PROGRAM**

*Applicant's Document Identification Number.* 2009-CAH-

**Student Application - Part IV  
Volunteer Activities**

*Type or Print Neatly in Black Ink*

*Please fill in as completely as possible. Answers must fit in the space provided, DO NOT ATTACH ANY DOCUMENTATION UNLESS REQUESTED. List information as it relates to your course of study in the arts. Please put in chronological order.*

Group	Activity	Comments/Hours worked

# THE COUNCIL FOR THE ARTS OF HERNDON STUDENT SCHOLARSHIP PROGRAM

## **Student Application - CHECK LIST** Self Evaluation by Applicant

*Check List for your convenience - DO NOT SUBMIT with application*

1. DID I PROVIDE INFORMATION THAT SUBSTANTIATES MY ACCOMPLISHMENTS IN THE MEDIUM SELECTED?
2. DID I FILL OUT NEATLY OR TYPE ALL INFORMATION AS THOROUGHLY AS POSSIBLE?
3. DID I PROVIDE CONCISE BUT COMPREHENSIVE ANSWERS REGARDING THE PROGRAM &
  - Related organization/School/Universities
  - Contact Person
  - Address
  - Phone Number
  - Related program cost
  - Program purpose
  - Description
4. HAVE I DESCRIBED MY VOLUNTEER WORK?
5. HAVE I ATTACHED TWO LETTERS OF RECOMMENDATION FROM TEACHERS WHO CAN EXPOUND ON ME AND MY ACCOMPLISHMENTS IN THE MEDIUM SELECTED?
6. DID I COMPLETE ALL SECTIONS OF THE FORMS PROVIDED?

**Please Do Not Return This Sheet with  
Application**

# THE COUNCIL FOR THE ARTS OF HERNDON STUDENT SCHOLARSHIP PROGRAM

## Guidelines for Teacher's Recommendation Letter

### **Attention Teachers:**

In order for the student to qualify your letter must be received in our offices on or before April 20, 2009.

- How long have you known the applicant?
- How focused is the student on his/her chosen art medium?
- Describe the artistic growth and development of the student.
- How diversified is the student within the medium?
- How is the student's overall academic performance?
- How well does the student adapt to the other members of the class, school, etc.?
- How has the student nurtured the art medium within the community where he/she resides?
- What future course or plan of study has been discussed with the student?
- What guidance have you provided?
- Why would you want this scholarship to be awarded to this student?

*Student Please Note: Applicants are to provide above guidelines to Instructor(s)/Teacher(s), who will be providing recommendation(s).*

### ATTENTION TEACHERS:

Since we receive applications from only local students, we may receive applications from more than one of your students. Please help us in our decision-making by ensuring your letter of recommendation is unique to the student.

**Please Do Not Return This Sheet with  
Application**

# THE COUNCIL FOR THE ARTS OF HERNDON STUDENT SCHOLARSHIP PROGRAM

## Requirements and Selection Criteria

### **Requirements:**

1. Candidate must have reached his/her 13<sup>th</sup> birthday by April 1 of the year of application and be no older than 21 on April 1 of the current year.
2. Candidate must reside in Herndon, attend school in Herndon, or be a member of the Council for the Arts of Herndon.
3. Candidate must be a legal resident of the Commonwealth of Virginia.
4. Candidate must supply two letters of recommendation by a teacher in his/her related field.

### **Selection Criteria:**

1. Merits of the program or curriculum sought.
2. Demonstrated ability and a sincere interest in the arts by virtue of his/her recent activities
3. Community Involvement.
4. Recommendation of teacher/instructor.

**UPON RECOMMENDATION OF THE SELECTION COMMITTEE, THE SELECTION WILL BE AT THE SOLE DISCRETION OF THE BOARD OF DIRECTORS OF THE COUNCIL FOR THE ARTS OF HERNDON.**

**Please Do Not Return This Sheet with  
Application**