

## ART LEAGUE OF OCEAN CITY SCHOLARSHIP APPLICATION FORM

Applicant's Name:	
Street Address:	
City:	, Maryland Zip code:
Phone Number:	Email:
The mission of the Art League of appreciation fo	Ocean City (ALOC) is to promote artistic expression and or the creative arts in our community.
who are <b>residents of Worcester</b> homeschooling) as well as past A who are in good standing with a g	rships are available to graduating high school seniors <b>County, MD</b> (including public and private schools and LOC scholarship students continuing their education rade point average of 3.0 or higher. The scholarship her education in the visual or performing arts from an
AWARDS: The amount of \$1,000	per student will be awarded.
the school's guidance counselor of along with 3 digital images of his/h (one from a teacher and a person	olicant must complete this application and submit it to be the ALOC by <b>April 8</b> <sup>th</sup> to be eligible for consideration ner portfolio, two current letters of recommendation al recommendation from a non-family member) and a ript signed by the school's guidance counselor.
, ,	viewed by an ALOC Scholarship Committee who will ant's goals, scholarship, citizenship, academic awards, on and skills.
and practice, and will not discrimin	dheres to a nondiscrimination policy, in both principle nate against candidates on the basis of race, creed, ntation, age, marital status or handicap.
Applicant's Name:	

Applicant's Test Scores  ACT (composite)  SAT:Critical ReadingMathWriting  Grade Point Average:
What college/university do you plan to attend?
What field(s) do you plan to pursue?
What is the yearly tuition/room & board?
Have you been offered other grants or scholarships? If so, please list:
What inspires you in your chosen art form?
Please list the following on a separate sheet of paper (typed if possible):  1. Community service volunteer activities  2. Extracurricular activities at school (clubs, positions held, etc.)  3. Academic and athletic awards  4. Work experience (part time, summer)  5. Hobbies and interests
Parent/Guardian Information
Name(s):
Address:
Phone:
Student's Signature:
Parent/Guardian Signature:

Art League of Ocean City P O Box 3503 Ocean City, MD 21843

410-524-9433 artleagueofoceancity.org