

**GASTON SCHOOL OF THE ARTS
MAURICE MCDOWELL SCHOLARSHIP APPLICATION FORM**

PLEASE PRINT

DATE OF APPLICATION (MM/DD/YY) / / YEAR APPLYING FOR?

PLEASE CHECK ONE OF THE FOLLOWING:

I AM APPLYING FOR:

- ART
- DRAMA
- MUSIC

IF MUSIC, WHICH INSTRUMENT?

THIS IS THE FIRST TIME I HAVE APPLIED TO GSOA FOR A SCHOLARSHIP: Y / N

IF NO, WHEN? / /

STUDENT'S NAME DATE OF 1ST CLASS (MM/DD/YY) / /

ADDRESS

CITY STATE ZIP

E-MAIL (GSOA USE ONLY)

DATE OF BIRTH / / AGE GENDER M / F RACE/ETHNICITY

GRADE IN FALL SCHOOL

PARENTS/GUARDIANS

HOME # MOBILE # WORK #

EMERGENCY CONTACT NAME PHONE #

I AM APPLYING FOR TUITION SUPPORT FOR AN ADDITIONAL FAMILY MEMBER: Y / N

IF YES, STUDENT'S NAME

I. CONFIDENTIAL FINANCIAL INFORMATION (APPLICANT MAY CHOOSE TO ANSWER ALL, SOME, OR NONE OF THE QUESTIONS BELOW)

INDICATE THE AMOUNT YOU WOULD BE ABLE TO PAY EACH MONTH: \$

INDICATE THE TOTAL NUMBER OF CHILDREN OR DEPENDENTS WITHIN YOUR HOUSEHOLD:

WHAT CIRCUMSTANCES LED TO YOUR APPLICATION FOR THIS SCHOLARSHIP? (LOSS OF JOB, NUMBER OF CHILDREN, SINGLE PARENT HOUSEHOLD, ETC)

WHAT IS THE ADJUSTED GROSS INCOME OF THE WAGE EARNERS RESPONSIBLE FOR APPLICANT: \$

DO YOU RECEIVE MONIES FROM ADDITIONAL SOURCES? : Y / N

IF YES, LIST THE SOURCE(S)

ENCLOSE A PHOTOCOPY OF ONE OF THE FOLLOWING: YOUR LATEST INCOME TAX RETURN, A
CURRENT PAY STUB FOR ALL OF THE WAGE EARNERS IN YOUR FAMILY, OR ANY OTHER
ACCEPTABLE PROOF OF INCOME.

(SEE REVERSE SIDE)



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II. TWO RECOMMENDATIONS ARE REQUIRED

PLEASE HAVE TWO INDIVIDUALS (NOT RELATED TO THE APPLICANT) WITH KNOWLEDGE OF THE APPLICANT'S SKILLS, ABILITIES, AND CHARACTER TRAITS COMPLETE THE CONFIDENTIAL REFERENCE FORMS AND SEND THEM DIRECTLY TO: **GASTON SCHOOL OF THE ARTS, ATT: EXECUTIVE DIRECTOR, 825 UNION ROAD, GASTONIA, NC 28054. MARK CONFIDENTIAL.**

III. APPLICANT SHOULD SUBMIT A SHORT ESSAY (ON A SEPARATE PAGE) EXPLAINING WHY THIS CLASS IS IMPORTANT TO HIM OR HER.

I UNDERSTAND THAT TUITION SUPPORT MAY BE WITHDRAWN FROM ANY STUDENT WHOSE CONDUCT OR ACHIEVEMENT IS NOT SATISFACTORY TO GSOA. MORE THAN TWO UNEXCUSED ABSENCES FROM CLASS MAY RESULT IN TERMINATION OF SCHOLARSHIP. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON ANY PART OF THIS APPLICATION WILL DISQUALIFY THE STUDENT FROM ANY TUITION SUPPORT CONSIDERATION, NOW OR IN THE FUTURE.

SIGNATURE

DATE

PLEASE NOTE ANY ADDITIONAL INFORMATION WE SHOULD BE AWARE OF:

**PLEASE MAIL TO: GASTON SCHOOL OF THE ARTS, ATT: EXECUTIVE DIRECTOR, 825 UNION ROAD,
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