Triad Performing Arts Fund Application Form

Please type or print using black ink.

APPLICANT INFORMATION

Name: _____
Last First Middle

Mailing Address: _____

I am a legal resident of _____ County

Birth Date: _____ Sex: _____M _____F _____.

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

If applicant is under the age of 18:

Mother/Guardian/or _____ Father/Guardian/or _____
Nearest Living Relative Nearest Living Relative

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

ARTS RELATED ACTIVITIES

Describe your arts experiences.	Year

Short Discussion Questions (Please answer on a separate page):

- **What area of the arts are you interested in?**
- **What/who had the greatest influence on your development of a passion for the arts?**
- **What financial challenges exist that require you to seek scholarship funds?**
- **What skills do you hope to gain by attending the class/program?**

SESSION INFORMATION

Name of organization presenting the class, enrichment, etc.: _____

Dates: _____ Cost of Session: _____

What % can you afford to pay? _____

Due at least 6 weeks prior to the program.

Mail to the Davie Community Foundation at PO Box 546 Mocksville, NC 27028