

Mountain Home Education Foundation Fine Arts Concentration Scholarship

General Rules/Requirements:

1. Scholarships are open to any MHHS graduating senior who has completed one or more Fine Arts Concentration program of study while maintaining an overall 2.0 GPA with a C or better in the completed program of study in which they are applying.
2. A **separate** application must be completed for **each** Concentration you are applying.
3. A Fine Arts Concentration Application Cover Sheet must be attached to the front of your application.
4. Applications must be completed and signed.
5. Applications must be received no later than **Friday, March 15, 2019**.
6. A **seven-semester transcript** must accompany the scholarship application.
7. A **personal essay** not to exceed 200 words relating to value of the scholarship to the applicant must be attached.
8. A **letter of recommendation** must be attached to the application. This letter can NOT be from a relative.
9. Scholarship money of \$500 will be sent directly to the college or technical school of the winner's choice.
10. Scholarship must be used within 1 year unless scholarship committee grants an extension, made by written request from applicant.
11. Application must be **delivered** to:

Your Fine Arts Teacher
Mountain Home High School
500 Bomber Blvd.
Mountain Home, AR 72653

**Mountain Home Education Foundation
Fine Arts Concentration
Scholarship Application**

Cover Sheet

Indicate the Fine Arts Concentration for which you are applying. A separate application must be filled out for each Concentration.

- Theatre
- Instrumental Music
- Vocal Music
- Visual Art

Applicant _____
Name must be typed or printed

Personal Information

Name _____

Home Address

Home Phone

7-Semester GPA

Career Information

What school do you plan to attend?

Have you applied and been accepted?

For what kind of career do you plan to train?

Length of Training Program

Family Information

Answer the following for the parent(s) or guardians with whom you live.

Name(s)

Occupation(s)

Adjusted gross income from their 2015 tax return:

___ Under \$15,000

___ \$35,000 – 50,000

___ \$15,000 – 20,000

___ \$50,000 – 60,000

___ \$20,000 – 25,000

___ Over \$60,000

___ \$25,000 – 30,000

___ \$30,000 - 35,000

Total Number of Family members living at home

List the names and ages of children living at home. If attending college, please note which college.

Please list other family financial concerns that need to be taken into consideration in regard to this scholarship.

Are you now employed? _____ Yes _____ No

If yes, what type of work are you doing and how many hours per week are you working?

Please list the extracurricular activities that you are involved in.

Describe your volunteer service to MHHS and our community.

Applicant Signature and Date

Social Security Number _____

Parent /Guardian Signature and Date