Livonia Arts
Scholarship Application
2019

Mission Statement

The Livonia Arts Commission exists to create, promote, develop, sponsor, sustain, facilitate, and further the Arts within the city of Livonia. For the mission of the Commission and its commissioners, the term “Arts” shall be defined and literally construed to include the making or doing of things that have form and beauty, and to encompass all forms of Arts including the Arts of music, painting, sculpture, literature, dance, theater, opera, ballet, crafts of all natures, and any other of the performing Arts requiring and exhibiting a level of creativity, skill or talent.
Livonia Arts Scholarship Application 2019

ELIGIBILITY: MUST BE A CURRENT RESIDENT OF THE CITY OF LIVONIA

Be a college student or a 2019 High School Graduate that will be studying in the FIELD OF FINE ARTS in the 2019 school year.

REQUIREMENTS:

1. Acceptance as a full-time student at an accredited college or university. (Must provide verification of current enrollment and be prepared to furnish course plan of credits.)
2. Copy of High School/College transcripts: to be included with complete application packet.
3. Three (3) recommendations: 1 from a CURRENT TEACHER, 1 from EMPLOYER/CLERGY/PRIVATE INSTRUCTOR/COACH, 1 from non-related individual, to be included with complete application packet.
4. Finalists will be asked to submit examples of their work.
5. COMPLETE PACKAGE OF ALL PERTINENT PAPERS MUST BE SUBMITTED AT THE SAME TIME IN 1 ENVELOPE. NO EXCEPTIONS

DEADLINE: POSTMARK FRIDAY March 8, 2019

* Scholarships may be awarded to each individual no more then twice

***NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED.***

Mail application to: Livonia Arts Commission Scholarship Committee 33000 Civic Center Drive Livonia, MI 48154

CHECK LIST FOR APPLICANTS: PLEASE READ CAREFULLY

_________ Student Application COMPLETE _________ College Information

_________ Three (3) Recommendations Complete (1) CURRENT TEACHER, (1) EMPLOYEE/CLERGY, (1) NON-RELATED INDIVIDUAL

_________ Copy of School/College Transcripts

**ONLY Candidates chosen for an interview will be contacted via email By 3/15/19. Interviews will be held April 1ST, 2019 through April 14th, 2019**
ATTENTION: COUNSELOR or REGISTRAR:

Has applied for a 2019 Livonia Arts Scholarship offered by the Livonia Arts Commission.

In order to process the application for consideration, we will need a copy of his/her current school transcript. We are especially interested in grades, courses completed, citizenship and attendance. ALL FURNISHED INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

ALL INFORMATION MUST BE RETURNED TO THE APPLICANT:
The committee would be grateful for a prompt response to facilitate our selection.
This information must be returned to the applicant No later than TUESDAY February 26, 2019 in order for the Applicant to include all pertinent paperwork in ONE COMPLETED APPLICATION PACKAGE THAT MUST BE POSTMARKED BY: FRIDAY March 8, 2019 FOR THE APPLICANT TO BE CONSIDERED

Thank you for your assistance and cooperation.
Livonia Arts
Scholarship Application
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PLEASE PRINT CLEARLY

LAST NAME ______________________FIRST NAME _____________________ M.I.______

ADDRESS ___________________________________________________ ZIP CODE ________

PHONE # (____) __________________ Cell phone # (____) ____________________________

BIRTH DATE_____/_____/_______

E-MAIL____________________________________@______________________________

High School Attended_____________________________ Year Graduated_______________

Parent(s)/Guardian____________________________________________________________

Address if different from applicant________________________________________________

Father’s employment__________________________________________________________

Mother’s employment__________________________________________________________

Are you currently attending a college/university?  Full time_____ Part Time_______

Where_____________________________________________________________________________

YOUR GOAL:  Degree and/or Other___________________________________________________

Have you applied or received other financial assistance, scholarships, or grants to help further your

studies for the current school year?   YES____ NO___ If yes please list all below:

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<th>Name</th>
<th>Type</th>
<th>Amount</th>
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PLEASE SPECIFY IF ANY OF THESE GRANT/AWARD(S) IS FOR 1 OR MORE YEARS

Have you ever received the Livonia Arts Scholarship previously? YES ___ NO ___
If yes what year ________
Have you had any formal training specialized classes in your area of interest(s) in the Fine Arts?
YES__________ NO___________

If yes, please list below: courses, lessons, and school(s) attended:

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<th>DATES</th>
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Special recognitions received:

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List any work or volunteer activities related to YOUR FIELD OF STUDY:

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Other work experiences:

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(Attach additional sheet if needed)
In the following space please, write a statement about your career plans, aspirations, etc. In addition, please provide any background data, which will help the committee evaluate your application.

(Attach additional sheet if needed)
Livonia Arts Scholarship Application
Student Scholarship Recommendation Form # 1 Current Teacher

_____________________________________________________________________________ Has applied for a scholarship to further his/her studies in the Field of Fine Arts. Your recommendation will be considered in evaluating the applicant’s credentials. Please furnish us with YOUR personal and professional opinion on the candidate’s merit. Thank you for your assistance.

ALL INFORMATION MUST BE RETURNED TO THE APPLICANT:
The committee would be grateful for a prompt response to facilitate our selection. This information must be returned to the applicant No later than **TUESDAY February 26, 2019** in order for the Applicant to include all pertinent paperwork in **ONE COMPLETED APPLICATION PACKAGE THAT MUST BE POSTMARKED BY: FRIDAY March 8, 2019** FOR THE APPLICANT TO BE CONSIDERED

Thank you for your assistance and cooperation.

Name_____________________________________________Title___________________________

Adress__________________________________________________________________________

___________________________________________________________________________

Phone___________________________________
Please return to applicant in a sealed envelope

Livonia Arts Scholarship Application

Student Scholarship Recommendation Form # 2 EMPLOYER/CLERGY/PRIVATE INSTRUCTOR COACH NO CURRENT/PAST TEACHERS

_____________________________________________________________________

Name_____________________________________________Title___________________________

Adress____________________________________________________________________________

Phone___________________________________

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Thank you for your assistance and cooperation.

Thank you for your assistance and cooperation.

_____________________________________________________________________

_____________________________________________________________________

Please return to applicant in a sealed envelope
Livonia Arts Scholarship Application
Student Scholarship Recommendation Form # 3 Non-Related Individual
NO CURRENT/PAST TEACHERS

_________________________________________________________________________
Has applied for a scholarship to further his/her studies in the Field of Fine Arts. Your recommendation will be considered in evaluating the applicant’s credentials. Please furnish us with YOUR personal and professional opinion on the candidate’s merit. Thank you for your assistance.

ALL INFORMATION MUST BE RETURNED TO THE APPLICANT:
The committee would be grateful for a prompt response to facilitate our selection. This information must be returned to the applicant No later than TUESDAY February 26, 2019 in order for the Applicant to include all pertinent paperwork in ONE COMPLETED APPLICATION PACKAGE THAT MUST BE POSTMARKED BY: FRIDAY March 8, 2019 FOR THE APPLICANT TO BE CONSIDERED

Thank you for your assistance and cooperation.

_________________________________________________________________________

Name_____________________________________________________________________
Title______________________________

Adress_____________________________________________________________________

_________________________________________________________________________

Phone___________________________________

Please return to applicant in a sealed envelope
Applicant:  PLEASE NOTE:

If chosen for an interview

 ör no interview will be held. (please make sure your email is
correct/legible)

During the interview you must supply samples or your work either
 Visual (if you have paintings, sculptures, drawings.)
 CD/Thumb drive (if you have dance, solo performance please
  bring computer to view)
 If in performing arts/instrumental you may be required to
  perform at time of interview

All interviews are held in the Bennett Civic Center Library Art Gallery
on the 2nd floor and are 30-45 minutes in length.

Thank you and good luck!

Livonia Arts Commission
Arts Scholarship Committee