

# The Cecilia “Lily Kate” Powell Fine Arts Scholarship

## Application Form

Name of Student:

Preferred Name (if different):

Preferred Pronouns:

Permanent Address:

School:

Current Grade Level:

Email Address:

Name of Parent/Guardian 1:

Name of Parent/Guardian 2 (if applicable):

Parent/Guardian 1 Employer:

Parent/Guardian 1 Job Title:

Parent/Guardian 2 Employer (if applicable):

Parent/Guardian 2 Job Title (if applicable):

Funds requested for lessons in (choose one):

Voice

Instrument

Dance

Art

List the name of the instructor or organization that will receive the scholarship check:

List the mailing address of the instructor or organization named above:

Describe the length and frequency of the lessons you are receiving (30 minutes a week; 45 minutes every 15 days etc.):

Check off your completion of the following items:

Application form completed and saved as Lastname\_LKM (example: Green\_LKM)  
Proof of residence scanned and saved as Lastname\_LKM2 (example: Green\_LKM2)  
Teacher recommendation emailed from teacher’s account to scholarship account  
All materials submitted by June 1, 2020

Email this form and proof of residence to: [lilykatescholarship@gmail.com](mailto:lilykatescholarship@gmail.com)