Greater Arbutus Business Association

2026 – ARBUTUS ARTS FESTIVAL SCHOLARSHIP APPLICATION

to be awarded to graduating high school students pursuing a degree in art or a related focus.

Please print when completing the application.

NAME: _____

CURRENT SCHOOL: _____

1. Do you live with parents? ☐ Yes ☐ No
   If not, with whom do you live? _____

2. Information about your parent(s) or guardian(s):

	NAME	OCCUPATION
Father		
Mother		
Other		

3. Information about other dependant family members:

AGE	NAME	IN SCHOOL
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

SCHOLARSHIP APPLICATION CONTINUED

4. Give your first and second choice of the college or university in which you wish to enroll after graduation:

   First: _____ Accepted: ☐ Yes ☐ No

   Second: _____ Accepted: ☐ Yes ☐ No

5. What major would you like to pursue in college?

   _____

6. List all school activities you have participated in during your high school years (i.e., sports, clubs, etc.):

   _____

   _____

   _____

   _____

7. What Arbutus community activities have you participated in?

   _____

   _____

   _____

   _____

8. Please include, **in your own words**, a written statement about your work and artistic interests.

   _____

   _____

   _____

9. What jobs have you held?

   After School: _____

   Weekends: _____

   Summer: _____

SCHOLARSHIP APPLICATION CONTINUED

10. Have you applied for any other scholarships or grants? ☐ Yes ☐ No
    If yes, please list:

    _____

    _____

    _____

11. Have you been awarded any scholarships or grants? ☐ Yes ☐ No
    If yes, please list:

    _____

    _____

    _____

Applicant's Name: _____

Full Address: _____

_____

Home Number: _____ **Other Number:** _____

Social Security Number (provide last 4 digits for identification): _____

To the best of my knowledge, the above information given by me is accurate. I give permission for members of the Greater Arbutus Business Association Scholarship Committee and Arbutus Arts Festival committee to review my application.

I also understand that <u>ALL</u> questions must be completed or my application may be disqualified. I also understand that my year-to-date transcripts <u>MUST</u> be attached.

APPLICANT'S SIGNATURE: _____

PLEASE RETURN THIS APPLICATION TO:

Greater Arbutus Business Association
ATTN: Scholarship Committee
1334 Sulphur Spring Road, 1st Floor
Halethorpe, MD 21227
info@arbutus.org

APPLICATIONS MUST BE <u>RECEIVED</u> BY APRIL 30, 2026