

Carle Wilson Fund for the Arts and Education Scholarship Application

Application must be received by Mon, May 1st, 2022

Student Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Mailing address: _____

1. For what school, project, or program are you seeking this scholarship?
2. When will your educational program or project: Begin? _____ End? _____
3. Who will be your teacher or mentor in this educational project or program (if you know this)?
4. What is your goal in participating in this educational project or program?
5. On a separate page, tell us something about yourself, your educational background, your particular talents and interests. (no more than 200 words).

Please give us the name and contact information of a former teacher or mentor whom we may contact regarding your application:

Teacher / Mentor's Name: _____

Email Address: _____

Phone: _____

I understand that, if awarded this scholarship, I will write a brief (1 page) report on how it helped me move toward my artistic and/or educational goals, and we will contact your teacher/mentor for an assessment of your work.

These reports will be emailed to NAACPBrevard@gmail.com, or mailed to the NAACP P.O. 303, Brevard NC 28712, within a month of the educational project or program's completion.

Signature: _____ Date: _____