



Scholarship Application

Please be sure to fill out this form completely and return it to The Florida Academy of the Performing Arts in an envelope marked for the FAOPA Owner Heather Ochalek. All information will be held in confidence. Completion of application is not a guarantee that a scholarship will be awarded. There are only so many scholarships available and vary each year based on donations and contributions. If you qualified for a scholarship in the past, then you would need to reapply, but please understand that you do not automatically qualify again. FAOPA could award either full or partial scholarships or payment plans that cover the costs of ONLY tuition and registration fees, but would not include costs of costumes, show tickets, and other materials associated with a program.

To Be Filled Out By Parent or Legal Guardian

Student's Name: _____

Student's Address: _____

Age: _____ Current/Upcoming Grade: _____ GPA: _____ School: _____

Parent/Guardian Names: _____

Home Phone #: _____ Parent Cell Phone #: _____

Email Address: _____

Driver's License #: _____ State: _____

What term/program are you applying for: _____

Scholarship type (circle one): FULL PARTIAL

List reasons for applying for a FAOPA scholarship: _____



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Please let us know how many people live in your household: _____ How many children: _____

Please let us know your total household income (gross): _____

Please include at least one of the following forms of income verification:

- Copy of front page of current tax form and accompanying W2
- Copy of schedule C form (self-employed)
- Copy of current pay stub

Has your child received a FAOPA scholarship previously: NO YES When: _____

Parent Signature: _____ Date: _____

To Be Filled Out By Student

What extracurricular activities or school activities (student government, ROTC, sports, publications, school sponsored community service programs, arts, music, etc.) are you participating in: _____

Do you have a part-time job or full-time job? If yes, where? _____

List any awards, accolades, or special recognitions you have received: _____

On a separate piece of paper, please explain why you want to participate in a FAOPA program.

Return application and required forms to: The Florida Academy of the Performing Arts, 5668 Fishhawk Crossing Blvd. #309, Lithia, FL 33547