## Ryan Rorie Memorial Scholarship For the Visual and Performing Arts

Scholarship Application
Flippin High School Graduating Seniors
Flippin, Arkansas
Deadline Date: May 1st

Personal	l Data:					
Name	(First)					
	(First)	(Middle)		(Last)		
Address	·					
Phone						
Field of study or intended Major:						
List those colleges you are interested in attending in order of your preference						
a19821 <sup>-1</sup>		(date applied)		(date accepted)		
		(date applie	d)	(date accepted)		
		(dete emplie	J\	(-1-1		
		(date applied	1)	(date accepted)		
List estimated expenditures for your freshman year:						
Tuition pe	uition per year Books and Supplies per year					
Room and Board or Commuting Expenses:						
High School Cumulative GPA: Honor Grad:Y or N						
Class Ra	nking:					
ACT Sco	re (Composite):		SAT Score	e:		
Signature	of school counselor					

Arkansas Governor's School Alumni Y or N
If so, what area?
List any Theatrical, Music, Art honors or awards you have received. (Includes photography and graphic design)
Describe any visual or performing art activities in which you plan to participate at the college level.
Describe your personal interest in Theatre, Music or Art.
Statement of Parent or Guardian:
This section must be completed by one of the parents or guardian of the student applying for this scholarship.
Name of parent/guardian:
Address:
Occupation of father:
Employer:
Occupation of mother:
Employer:
Number of dependent children in household:

Financial Data Have you been awarded or are you pre- or a scholarship?YesNo	sently receiving Federal or University AidIf yes:
Type of Aid	Amount of Aid
9	
Please read and sign the following?	
books, room and board as a full time stu understand to draw upon these funds I	arship funds may only be used for tuition, udent during my first year of college. I must remain in school during the ould I decide to drop out of school without o repay any scholarship money used in on and supporting documents must be
The scholarship donors may request a	personal interview or portfolio of work.
I authorize release of the information an Scholarship for the Visual and Performing	d documents to the Ryan Rorie Memorial ng Arts to the scholarship donors.
Signature of student	date
Signature of parent or guardian	date
Please note: All sections of this appl does not apply to you, you must write explanation of why the section does	ication must be filled out. If a section e, "Does not apply" and give an not apply to you.
This form may not be retyped and character form may be used in the format show	anged or altered in any way. This n. It must be printed on white paper

Incomplete or improperly prepared applications will not be considered.

only.

Upon completion of this application please return to : Shelley Ledbetter 488 CR 554 Gainesville, MO 65655

If you have questions please contact me at 417-712-4061