



**Academy for the Arts at First Baptist Church of Asheville**  
Scholarship Application Guidelines

The vision of the Academy for the Arts at First Baptist Church of Asheville is to provide quality arts education to students. The AFTA Scholarship Fund was conceived to give opportunity for arts education to students for whom it would otherwise be financially unfeasible. Students must show a commitment to the study of his or her discipline and be able to show financial need.

**Requirements for Consideration:**

Applicant must:

- Commit to one full term of lessons at AFTA.
- Demonstrate a passion for his or her area of study.
- Own instrument needed or have access to instrument.
- Maintain regular attendance and follow all AFTA policies.
- Have all application materials postmarked by:
  - Fall Term Deadline – July 1
  - Spring Term Deadline – November 1
  - Summer Term Deadline – April 1

\*Notice to applicants for Fall Semester: If all requirements continue to be met, your scholarship may be automatically renewed for the following term. All applicants must reapply for the next academic year. Scholarships may be revoked if requirements are not met.

Academy for the Arts  
First Baptist Church  
5 Oak Street  
Asheville, North Carolina 28801  
Attn: AFTA Scholarship Committee

**Academy for the Arts at First Baptist Church of Asheville**  
**Scholarship Application**

Date of Application \_\_\_\_\_ Term of Study \_\_\_\_\_ Year \_\_\_\_\_  
*(Fall, Spring, or Summer)*

**I. Student Information**

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Area of Study \_\_\_\_\_ Lesson Length \_\_\_\_\_  
*(30, 45, or 60 minute lesson)*

**II. Family Information**

Name of Father/Guardian \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**III. Confidential Financial Information**

Please indicate the amount you would be able to pay each month (for 4 lessons) \$ \_\_\_\_\_

Monthly Household Income \$ \_\_\_\_\_ Number of people in your household \_\_\_\_\_

Personal Statement (Give a brief statement explaining why you believe you deserve consideration. Highlight any major expenses that may increase your eligibility.)

#### IV. References

Please provide contact information for 2 references (other than family):

##### Reference 1

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

##### Reference 2

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that tuition support may be withdrawn from any student whose conduct or progress is not satisfactory to AFTA. More than two unexcused absences from class may result in termination of the scholarship. I also understand that providing false or misleading information on any part of this application will disqualify the student from any tuition support consideration, now or in the future.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed application by deadline to:**

Email: [info@afta-fbca.net](mailto:info@afta-fbca.net)

Fax: 828.254.2302

Mail: Academy for the Arts  
5 Oak Street

Asheville, North Carolina 28801

Attn: AFTA Scholarship Committee

