



## Lois Weaver Arts Scholarship Application 2026

The **Lois Weaver Arts Scholarship** is made possible through funding by the **Sampson Arts Council, Inc.** and the **Sampson Community Theatre**. It is awarded to an outstanding student who has made a contribution to the community through **involvement in the Arts, and plans to major/minor in Visual Art, Music, Dance, Drama, Arts Education, Graphic Design, Photography, or any Arts related field**. The recipient of the 2026 Lois Weaver Arts Scholarship will receive **\$500** made payable to the college attended in the Fall of 2026.

**To complete your application for the Lois Weaver Arts Scholarship 2026, please submit the following:**

- A completed application form, which includes your narrative statement of 1500 characters or less (including spaces).
- Two (2) recommendation letters signed and sealed, which should be returned to you by your recommenders.
- A current copy of your school transcript.
- Art samples demonstrating your artistic talent in your chosen field of study

• **Music/Drama/Film/Dance/Voice:** Submit (2) videos (3 mins. max. each) via YouTube video links emailed to [director@sampsonarts.org](mailto:director@sampsonarts.org) or on flash drive (formats: mov, mpeg4, mp4, wmv). At the beginning of the video, clearly state your name, age, & title/composer/author of the piece you will perform. Videos need not be professionally edited. Audio recordings not accepted.

• **Visual Art:** Submit (2) images on flash drive or emailed to [director@sampsonarts.org](mailto:director@sampsonarts.org) (Formats: jpg, png, PDF). On each image or on a separate page, list the artwork's title, medium, and year of completion.

• **Writing:** Submit (2) typed copies of writing samples (poems, excerpts, essays, etc.). 1,000-word limit.

Questions about your application? Email [director@sampsonarts.org](mailto:director@sampsonarts.org) or call 910-596-2533.

Completed application packets should be delivered by **April 16, 2026** to the following address:

*Lois Weaver Scholarship  
c/o Sampson Arts Council, Inc.  
709 College Street  
Clinton, NC, 28328*

The scholarship recipient chosen by the selection committee will be notified by **May 8, 2026**

## **Applicant Information**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace (City, State): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Guidance Counselor Phone: \_\_\_\_\_

School attending \_\_\_\_\_ School Address \_\_\_\_\_

## **Education**

Grade Point Average (enclose current transcript): \_\_\_\_\_

How do you plan to finance your college education? \_\_\_\_\_

## Academic History

Please list the Elementary, Middle, and High schools you attended, including the location of schools, and dates of attendance.

School	Address	Start Year	End Year

## Academic Plan

Please list the colleges you have **applied to** and indicate whether you have been **accepted**.

College	Address	Accepted? (Y/N)

## Experience & Accolades

### Honors & Awards

Please list any awards, honors, or recognitions you have received, including recognition for work in any art form (visual arts, literary arts, performing arts, and others).

Honor/Award	Description	Year Received	Art Form (if applicable)

### Stage experience

Please list theatrical productions you may have been involved in, the directors name, the year show completed, and your role or position (ex: stage manager, lights, costumes....)

Play/Show title	Director	Year	Your Role/Position



## Statement of Need, Financial Circumstances, and Aspirations

Please explain why you are applying for this scholarship and how it would support your artistic development. Include details about your financial needs, any unusual or special circumstances regarding your family's financial status, and what you hope to achieve with the scholarship. Additionally, explain why you believe you deserve this scholarship, highlighting your passion, involvement, and skills. **Please limit your response to 1500 characters or less (including spaces).**

**I declare that the information provided in this application is true and correct.**

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Lois Weaver Arts Scholarship 2025  
Recommendation for High School Senior

### Applicant Information

Applicant Name: \_\_\_\_\_

### Recommender Information

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time you have known this applicant: \_\_\_\_\_

*Please check the appropriate response based on your personal knowledge of the applicant.*

Quality	Unable to Judge	Average Top 50%	Very Good Top 10%	Outstanding Top 1 %
Academic Integrity				
Personal Integrity				
Motivation, Initiative				
Oral Communication				
Written Communication				
Creativity				
Self-confidence				
Leadership				
Responsibility				
Respect for others				
Concern for others				
Sense of humor				
Emotional maturity				
Academic potential				
Attitude				
Trustworthy, Reliable				
Helpful to others				
Enthusiasm				

Lois Weaver Arts Scholarship 2025  
Recommendation for High School Senior

**Optional Comments:**

**I declare that the information provided in this recommendation is true and correct.**

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please place this recommendation in an envelope, sign and seal it, write your name across the seal and return to the applicant to be included in the completed application packet.***

Thank you for your time completing this recommendation.

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