

Lois Weaver Arts Scholarship Application 2025

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 2025 Lois Weaver Arts Scholarship will receive **\$500** made payable to the college attended in the Fall of 2025.

Please submit completed application along with (2) recommendation letters that are signed and sealed and returned to applicant; a narrative of no less than 250 words, but not exceeding 500 words, as well as a current copy of school transcript.

Completed application packets should be delivered by **April 16, 2025** 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 9, 2025**.

Name of Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone and email address _____

Date of Birth _____ Birthplace _____

Name and phone number of Parent/Guardian _____

Name and phone number of Guidance Counselor _____

School attending _____ School Address _____

Recommendations

(List 2 persons and your relationship below. Two recommendations should be returned signed and sealed in separate envelopes with completed application packet)

Grade Point Average (enclose current transcript) _____

How do you plan to finance your college education? _____

What colleges have you been accepted? _____

List awards, describe and indicate year received

[illegible]

Stage experience

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

[illegible]

List high school organizations, activities, clubs, and sports in which you participated. Indicate leadership/officer positions held and yearly participation.

[illegible]

List charitable, civic and community organizations in which you participated. Indicate leadership/officer positions held and year of participation.

| Organization | Hrs/Week | 9 th | 10 th | 11 th | 12 th | Leadership/officer |
|--------------|----------|-----------------|------------------|------------------|------------------|--------------------|
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I declare that the information provided in this application is true and correct.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Personal Statement

In the space below, or on a separate page, please write or type a brief personal statement, not to exceed 500 words, on how the arts have influenced your life thus far and your career decisions at this time.

Lois Weaver Arts Scholarship 2025 **Recommendation for High School Senior**

Name of Applicant _____

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 _____

Recommender's Name _____

Signature _____ Title _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

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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