

## **Kathryn T. Greathouse Legacy Scholarship**

The United Arts Council of Catawba County has a responsibility to aid in the professional development of local young artists. A scholarship was created in honor of Kathryn T. Greathouse, who served as the Executive Director of the United Arts Council for 21 years and had a passion for helping young people achieve their artistic endeavors. The mission of this need and merit-based scholarship is to provide cultural education opportunities to students of the primary and secondary education level. Students seeking collegiate financial help are not eligible for this scholarship.

### **Guidelines for the Kathryn T. Greathouse Legacy Scholarship:**

- Each year the United Arts Council will offer a number of educational scholarships. The scholarships will be awarded for studies in any cultural discipline, awarded at the discretion of the Board of Directors of the United Arts Council.
- The scholarship will have a rolling deadline but must be submitted at least 60 days in advance of when requesting funds.
- Each scholarship will be based on the need and merit of the applicant.
- Each applicant must be age 19 or younger and will not have earned a high school diploma.
- Each recipient must either reside or attend an elementary, middle, or high school in Catawba County, public, private, or home schooled.

Each applicant must submit:

- A completed application form, including descriptions of the student's artistic training and proposed use of funds.
- A written recommendation by a teacher, other than a parent.
- Proof of Age, (i.e. Birth Certificate, Passport)
- A follow-up report (should the grant be awarded.)

### **Possible Uses of Funds**

The Kathryn T. Greathouse Legacy Scholarship may be utilized for:

- Music study
- Voice study
- Visual art study
- Dance study
- Writing study
- Drama/Acting study
- Music composition study
- Materials, instruments or equipment

# Kathryn T. Greathouse Legacy Scholarship

## Application Form

Submissions must be made through the [application portal on the UACCC website](#).

Student's Full Name \_\_\_\_\_

Discipline \_\_\_\_\_ Date of Birth \_\_\_\_\_

Academic School Enrolled \_\_\_\_\_ Class of \_\_\_\_\_

Address \_\_\_\_\_

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

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

Parent/Guardian's Name(s) \_\_\_\_\_

### **Artistic Training**

Teacher's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_

### **Description of Artistic Training:**

### **Description of Proposed Use of Funds**

### **Attachments:**

1. A written recommendation by the teacher listed in this application
2. Proof of age (i.e. Copy of Certified Birth Certificate or Passport).