

THE CLAIRE KANTOR FOUNDATION
Application Form
2009 – 2010 Academic Year
\$1,000 Scholarship Award

Scholarship Details

The Claire Kantor Foundation awards scholarships in May of each year to Florida residents accepted at any US college. The scholarship also includes, at the discretion of the committee, \$1,000 each consecutive year for 3 years providing a 2.5 gpa or higher is maintained. Scholarships are paid in the name of the college and student. To date the Foundation has awarded 10 scholarships. **Applications must be postmarked by MARCH 30, 2009.**

Scholarship Requirements

The applicant must:

1. Be a Florida resident.
2. A graduating high school student accepted to any college in the USA.
3. Include a portfolio, in any format or medium, or otherwise demonstrate a talent for any of the fine arts.
4. Submit an essay, not to exceed 500 words, introducing themselves, detailing achievements, goals and how receiving this scholarship will make a difference to them in achieving these goals.
5. Include a recommendation from an art teacher or counselor.

A committee comprising of 5 members of the community, including Mr. & Mrs. Kantor will evaluate all applications and determine the successful applicants.

Scholarship Instructions

Once you have **printed** and filled out this application completely, and have compiled all the required documents listed in the *ATTACHMENTS* section, please fax or mail all correspondence to:

Mail: **The Claire Kantor Foundation**
274 South Island
Golden Beach, FL
33160

Phone: **(305) 937-1853**

Fax: **(305) 937-1853**

PERSONAL INFORMATION

Mr. Ms. _____ / _____ / _____
FIRST NAME MIDDLE NAME LAST NAME SOCIAL SECURITY NUMBER

SEMESTER APPLYING FOR: FALL SPRING SUMMER Year: _____

INTENDED COLLEGE or UNIVERSITY: _____

INTENDED MAJOR: _____

PERMANENT HOME ADDRESS

NO. / STREET / APT# TELEPHONE

CITY STATE ZIP

CURRENT MAILING ADDRESS

(All correspondence will be sent to the current mailing address unless the Foundation is notified by the student.)

NO. / STREET / APT# TELEPHONE

CITY STATE ZIP

PRIMARY E-MAIL ADDRESS @ SECONDARY E-MAIL ADDRESS @

DATE OF BIRTH (mm/dd/yy) AGE PLACE OF BIRTH: City STATE

- i. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR THIS SCHOLARSHIP? Yes No
ii. IF YES, INDICATE THE YEAR PREVIOUS APPLICATION WAS SUBMITTED: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL GRADUATING FROM CITY STATE

GPA COMBINED SAT SCORE

NAME OF GUIDANCE COUNCILOR

INTERESTS AND EXTRACURRICULAR ACTIVITIES

HOBBIES: _____

ORGANIZATIONS AND CLUBS: _____

WORK RECORD *(if applicable)*: _____

ATTACHMENTS

1. ESSAY
2. PORTFOLIO
3. LETTER OF RECOMMENDATION FROM ART TEACHER OR GUIDANCE COUNSELOR.