

**THE CLAIRE KANTOR FOUNDATION**  
**Application Form**  
**2011 / 2012 Academic Year**  
**\$1,500 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, \$1,500 each consecutive year for 3 years providing a 2.5 GPA or higher is maintained. Scholarships are paid to the college in the name of the student against a statement for tuition or housing from the college. To date the Foundation has awarded 26 scholarships. **Applications must be postmarked by April 15, 2012.**

**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 their 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**

Mobile: **(305) 336-6691**

## 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

Complete this section or attach a resume

**HOBBIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONS AND CLUBS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK RECORD** (*if applicable*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ATTACHMENTS

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