

Community Foundation of Greater Greensboro

**Camberly Noel Holliday  
Performing Arts Scholarship**

**OVERVIEW**

The **Camberly Noel Holliday Performing Arts Scholarship** was created to honor the memory of the short but full life of Camberly Noel Holliday, December 18, 1987 – July 29, 2002.

Camberly Noel was a person filled with love and joy, which she shared with everyone she met. As a young woman she created high standards for herself and remained dedicated and motivated to be her best self. She lived every day to the fullest. She had a passion for life, for loving others, for her faith, for entertaining, for making people laugh and smile and for the performing arts. Camberly Noel excelled in voice, dance and piano. Her strongest desires were to be on stage to sing, to act, to dance or even to do comedy.

Camberly Noel was well rounded in her life experiences. She was a straight A student with her last greatest interest being in the realm of space exploration. As most young people she wanted to be a part of what all young people seemed to be doing and that was sports. She participated at a high level in swimming, soccer, and basketball.

Perhaps most importantly, Camberly Noel had an abiding faith. She worked thoughtfully to commit herself to her faith in God. Her family finds peace knowing she was well prepared for her journey that began on July 29, 2002.

**1. CRITERIA FOR APPLICANTS TO THE CAMBERLY NOEL HOLLIDAY PERFORMING ARTS SCHOLARSHIP:**

- a) be a current or rising 7<sup>th</sup> through 12<sup>th</sup> grader
- b) live in one of the 12 counties of North Carolina's Piedmont Triad
- c) exemplify a passion for a discipline within the performing arts
- d) have a minimum of two years experience in a discipline within the performing arts
- e) express a desire for intensifying study in a discipline within the performing arts
- f) have a plan for intensifying study in a discipline within the performing arts
- g) have an average or better scholastic record
- h) have a proven record of being a student for whom instructors, coaches and teachers have exclaimed "I love working with this young person"

**2. USE OF FUNDS FROM THE CAMBERLY NOEL HOLLIDAY PERFORMING ARTS SCHOLARSHIP:**

- a) funds may be used for, but are not limited to, instructions, training, master classes, workshops, camps, supplies and equipment, travel to and from instructions
- b) funds for instructions should be for programs that intensify/supplement the current level of study
- c) funds may be used for summer programs/camps that broaden, intensify or supplement the study
- d) a maximum of \$6,000 will be distributed per year
- e) all funds must be given to a non-profit 501(c)(3)

**3. APPLICATION PROCESS FOR THE CAMBERLY NOEL HOLLIDAY PERFORMING ARTS SCHOLARSHIP:**

- a) complete the enclosed application
- b) have three adults complete and return, under separate cover, the *Reference Form*; one of the three must be an instructor in your chosen discipline in the performing arts
- c) mail all application pieces to: Michiko Stavert, Community Foundation of Greater Greensboro,  
P.O. Box 20444, Greensboro, NC 27420-0444

**4. APPLICATION SCHEDULE/DEADLINES FOR THE CAMBERLY NOEL HOLLIDAY PERFORMING ARTS SCHOLARSHIP:**

- a) summer sessions, applications due **May 15<sup>th</sup>**, recipients announced by May 30<sup>th</sup>
- b) fall/winter sessions, applications due **August 8<sup>th</sup>**, recipients announced by August 23<sup>rd</sup>
- c) winter/spring sessions, applications due **December 1<sup>st</sup>**, recipients announced by December 31<sup>st</sup>
- d) there is no maximum on number of times a student may apply or be a recipient

# Camberly Noel Holliday Performing Arts Scholarship

## APPLICATION

Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Current School \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ Previous School \_\_\_\_\_ GPA \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

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Primary Care Giver \_\_\_\_\_ Secondary Care Giver \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

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1. List the names of all instructors you have studied or performed with and the corresponding dates.  
(please list those in all performing arts disciplines) (use back of page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List organizations you have performed with and special participation outside the organized groups.  
(please list those in all performing arts disciplines) (use back of page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List special recognitions and solo performances for which applicant has been selected.  
(please list those in all performing arts disciplines) (use back of page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION

4. What is your greatest passion; what is the one thing you that you enjoy more than anything else?

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5. List some of the fields you are considering for your career?

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6. If at some point you were unable or decided not to make performing arts your means of living, what would you do with your years of study and training?

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7. List some of your goals for your life.

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8. What is the amount of your scholarship request (there is no minimum and no maximum)?

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9. How will you use your scholarship funds? Please also give the time period these funds will cover.

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10. Would you audition for the advisory committee if necessary? \_\_\_\_\_

11. Would you allow members from the advisory committee to attend performances? \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caregiver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Community Foundation of Greater Greensboro

**Camberly Noel Holliday  
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**REFERENCE**

The Student below is applying for scholarship funds to enhance, intensify and broaden their study in a particular discipline within the performing arts. Your recommendation is needed as a part of the application process. Please complete this form and return it to the address below. Please be aware of the imposed deadlines for each semester.

**Mail To:**

Camberly Noel Holliday Scholarship  
Community Foundation of Greater Greensboro  
P.O. Box 20444  
Greensboro, NC 27420-0444

**Application Deadlines**

summer sessions, due **May 15<sup>th</sup>**  
fall/winter sessions, due **August 8<sup>th</sup>**  
winter/spring sessions, due **December 1<sup>st</sup>**

**TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_ Arts Discipline: \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

e-mail: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

*Please respond to the following questions or circle your responses and make comments as appropriate. Where numbers for scale are given, 10 indicates the highest level and 1 the lowest level.*

1. How familiar are you with the applicant's family environment or living arrangements?

Not at all      Minimum Amount of Knowledge      Knowledgeable      Very Knowledgeable

**Comments:** \_\_\_\_\_

2. Is this student passionate about many things, everything?

**Comments:** \_\_\_\_\_

3. In your opinion what is the student's greatest passion?

**Comments:** \_\_\_\_\_

4. List in order how the students success is achieved considering, talent, motivation, hard work, passion.

**Comments:** \_\_\_\_\_

5. Would teachers, instructors, coaches say of this applicant "I love to work with this student"?

**Comments:** \_\_\_\_\_

6. Rank the applicant's success for the discipline listed above based on talent.

10 9 8 7 6 5 4 3 2 1 Unknown

7. Rank the applicant's success for the discipline listed above based on passion.

10 9 8 7 6 5 4 3 2 1 Unknown

8. Rank the applicant's success for the discipline listed above based on self motivation.

10 9 8 7 6 5 4 3 2 1 Unknown

9. Rank the applicant's success for the discipline listed above based on parental motivation.

10 9 8 7 6 5 4 3 2 1 Unknown

10. Rank the applicant's success for the discipline listed above based on determination/desire.

10 9 8 7 6 5 4 3 2 1 Unknown

11. Rank the applicant's success for the discipline listed above based on hard work.

10 9 8 7 6 5 4 3 2 1 Unknown

12. How well rounded a person is the applicant?

10 9 8 7 6 5 4 3 2 1 Unknown

**Comments:** \_\_\_\_\_

| 13. How *involved* are the applicant's caregivers with the activities in the discipline listed above?

10 9 8 7 6 5 4 3 2 1 Unknown

**Comments:** \_\_\_\_\_

| 14. How *supportive* are the applicant's caregivers with the activities in the discipline listed above?

10 9 8 7 6 5 4 3 2 1 Unknown

**Comments:** \_\_\_\_\_

**Other Pertinent Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_