

F. O. C. C. A.

2010 Performing Arts Scholarships

A "Cypress Celebrates the Arts" Program
Coordinated by the Friends of Cypress Cultural Arts



Scholarships available in
Dance – Piano – Instrumental – Vocal
Awards range from \$100 to \$500

SCHOLARSHIP CRITERIA

1. Cypress resident or attending school in Cypress (9-12 grade) and maintaining at least a 2.0 GPA.
2. Cypress resident, not older than 20 years of age, attending Cypress College and maintaining at least a 2.0 GPA. May be asked to show proof of Cypress residency.
3. Only one award per applicant will be given.
4. You must complete the Performing Arts Scholarship application.
5. You *must be available* to audition before a panel of judges on Saturday, April 3.
6. You *must be available* to perform at the awards presentation on Tuesday, April 27, starting at 7:00 p.m.
7. Scholarships must be used for artistic development. Tuition, private lessons or the purchase of instruments are considered appropriate.
8. All scholarship winners can reapply after two (2) years.

IMPORTANT INFORMATION

- **Audition Date: Saturday, April 3, 9:00 a.m. - 5:00 p.m.,**
Dance - Cypress Community Center, 5700 Orange Avenue
Piano, Instrumental and Vocal – Cypress Senior Center, 9031 Grindlay Street.

Please reserve this date now. You will be notified with a specific appointment time.

- Cassette or Compact Disk players will not be available. Please bring your own. Acappella is acceptable.
- If you are performing in the vocal, piano or instrumental categories, remember to bring the original score and an additional copy of your sheet music for the judges on the day of your audition. Vocalist shall perform 2 songs in different tempos.
- Scholarships will be presented at a reception held on Tuesday, April 27, 7:00 p.m., at the Cypress Senior Center.
- All winners will be notified and will perform at the reception on Tuesday, April 27, 7:00 p.m.

Application Deadline:
Friday, March 19, 5:00 p.m.
(NO EXCEPTIONS)

Please read the Application Information carefully. Mail application to
FOCCA Scholarships at P.O. Box 1211, Cypress, CA 90630

2010 Performing Arts Scholarship Application

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Email: (____) _____ Grade level: _____

School You Currently Attend: _____ G.P.A.: _____

What type of performance will you be giving?

- * Dance
- * Piano
- * Vocal
- * Instrumental - Please name instrument _____

Auditions for Piano, Instrumental and Vocal will be held on Saturday, April 3, at Cypress Senior Center.

Auditions for Dance will be held on Saturday, April 3, at the Cypress Community Center.

You will be contacted with your appointment time.

Please answer each question to the best of your ability. Use additional sheets as necessary.

1. My training and experience in the arts consists of the following:

2. My plans to develop my abilities further are:

3. How do you plan to use this scholarship award?

Please continue on the reverse side

2010 Performing Arts Scholarship Agreement and Waiver

Read and Sign

WAIVER, RELEASE AND INDEMNITY AGREEMENT

In exchange for participating in this activity, I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Cypress (the "City") and/or the Cypress Recreation and Park District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity. **I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.**

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys' fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet site.

By signing below, I acknowledge and represent that **I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.** No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement. **IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE,** by signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf:

Name of Participant: _____

Name of Parent/Legal Guardian, if Participant is under 18: _____

Signature: _____ Date: _____

Mail this application to:

**FOCCA Scholarships
P.O. Box 1211
Cypress, CA 90630**

Application Deadline: Friday, March 19, 5:00 p.m.