



Fort Lauderdale Branch

National League of American Pen Women Inc.

2024 Achievement Awards Application In the Field of Music/Dance - \$1,250

Please Print

Name of Applicant _____

Address _____

City _____ State _____ FL _____ Zip _____

Phone _____ EMail _____

College Program Enrolled and Session # _____

Course work you will apply award monies to _____

Requirements:

1. Woman
2. Overall 3.0 GPA or better (based on a 4.0 scale)
3. U.S. Citizen/Green Card with a valid Social Security number
4. Enrolled in a Music or Dance Program at Broward College
5. Currently applying to or admitted to an undergraduate college seeking a degree in the Arts

Checklist: A complete packet must include the following:

1. Completed application form with applicant's given name (Document 1)
2. Statement of Recommending Professor/Advisor/Counselor/Teacher (1 paragraph) (Document 2)
3. Write two brief paragraphs about what most influenced the choice of your major and describe a personal experience that has been especially meaningful to you. (Document 3)
4. In addition, you will need to submit:

Select one: Composer or Choreographer. Email a copy of score/notation for music/dance and link to recording (saved to YouTube or Vimeo Channel) or .mp4 file along with your completed application packet (3-minute minimum). Work must have been created within the past 2 years. (Document 4)

Signature of Applicant _____

Completed Application: Deliver to Daniela Wancier, Associate Dean, Academic Affairs, Broward College

Electronic Submissions Only (pdf and .mp4 files and/or links YouTube or Vimeo Channel): dwancier@broward.edu

DEADLINE: Friday, March 15th, 2024

Recipient will be notified on or before March 29th, 2024

Each recipient must attend the Awards Luncheon on **Thursday, April 11th** in person at which time they will receive their "Achievement Award". The recipient is expected to perform or play a portion of their winning submission during the luncheon. Recipients may invite one special guest or family member to the awards luncheon.

For questions concerning this award contact your Dept Head.

Document 2

Statement of Recommending Professor/Advisor/Counselor/Teacher

Student Name: _____

Name of Professor/Advisor/Counselor/Teacher

Email _____

Signature of Professor/Advisor/Counselor/Teacher

Phone _____