

ART SCHOLARSHIP APPLICATION

TO BE COMPLETED AND SIGNED BY THE APPLICANT:

FULL NAME _____ AGE _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____

NAME OF HIGH SCHOOL _____

CLASS RANK _____ GPA _____

NAME OF ART TEACHER _____

TITLE OF ART WORK SUBMITTED? _____ MEDIUM? _____

WHICH COLLEGE/UNIVERSITY/ART SCHOOL DO YOU PLAN TO ATTEND? _____

HAVE YOU BEEN ACCEPTED BY THIS SCHOOL? _____

APPROXIMATE COST OF YOUR EDUCATION PER YEAR? _____

WHAT AMOUNT WILL YOUR PARENTS (GUARDIAN) PROVIDE? _____

FATHER'S OCCUPATION? _____ MOTHER'S OCCUPATION? _____

GUARDIAN'S OCCUPATION (if applicable) _____

NUMBER OF DEPENDENT CHILDREN IN FAMILY? _____ NUMBER IN COLLEGE? _____

I certify that my entry is my original. If awarded a scholarship, I agree to notify the Chairman of the GFWC/Ohio Federation of Women's Clubs Scholarship Board of Trustees of my intention to accept/decline this scholarship by June 30.

Applicant's Signature _____

TO BE COMPLETED BY THE SPONSORING CLUB:

The _____ Club of (city) _____ in the _____ District of the GFWC/Ohio Federation of Women's Clubs endorses this applicant for a scholarship.

Additional information shall be made available on request.

CLUB SCHOLARSHIP CHAIRMAN
Name _____

CLUB PRESIDENT
Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Telephone Number _____

Telephone Number _____

**OMISSION OF ANY REQUIRED DOCUMENTS WILL DISQUALIFY APPLICANT.
THIS FORM MAY BE DUPLICATED.**