



2017-2018 SCHOLARSHIP APPLICATION

Please read the entire form carefully and fill in all blanks clearly and completely.

Name: _____ Email Address: _____

Mailing Address: _____ Home Phone: _____

City/State/Zip: _____ Work/Cell Phone: _____

Age Bracket (please circle): 18-24 25-35 36-50 Over 50

What media do you work in?: Oil Water Media Pastel Drawing Sculpture

How would you describe your work? Portraiture Figurative Still Life
 Landscape Plein-Air Other: _____

Are you applying on the basis of financial need? YES NO
If yes, you **must** attach an explanation in support of your financial need and a copy of your most recent tax return.

Have you ever taken a class at SAS? YES NO

Have you ever received a scholarship at SAS? YES NO

If yes, please tell us when (year) _____ and which class or instructor: _____

Please list 3 instructor/class choices which you prefer. If possible, we will try to match you with one of your preferred choices.

1. Instructor: _____ Class Start Date: _____

2. Instructor: _____ Class Start Date: _____

3. Instructor: _____ Class Start Date: _____

Would you like to be considered for a scholarship for any class in the media and subject matter you've marked above or a class that is similar to your indicated preferences? (We will keep your application on file and consider you if a scholarship becomes available.) YES NO

Scholarship application must be accompanied by the following:

- Scholarship Application Form.**
- Current Resume** including previous workshops, scholarships, awards, and exhibitions that relate to your artwork.
- Brief artist statement.** Your statement should tell us about yourself and your work, and should describe how your personal or professional artistic goals will be helped through a scholarship.
- 5 images of your work.** Digital images by email, or on CD when application is mailed.
- Image list** including titles, dates, media and dimensions of your work.
- Self-addressed/stamped envelope** for the return of your photos/CD. If no envelope is provided, your materials will not be returned to you.

Financial need students must include:

- Statement of financial need**
- Copy of your most recent tax return with Social Security number blacked out**

Mail your application to: **Wanda Stillions, Business Manager**
Scottsdale Artists' School
3720 N. Marshall Way
Scottsdale, AZ 85251

For office use only

Date received: _____

Date reviewed: _____

Accepted: _____

Which class: _____

Notified: _____

-OR- Email your application to: Scholarship Committee at wstillions@scottsdaleartschool.org
Please put Scholarship and your first and last name in the subject line