

2024-2025 SCHOLARSHIP APPLICATION

Please read the entire form and fill in all blanks.

Name:			_Email Address:				
Mailing Address:				Home Phone:			
City/State/Zip:Wor				Work/Cell P	Cell Phone:		
Age Bracket (please select one):							
What media do you work in?:							
How would you describe y							
Are you applying on the basis of financial need? \Box YES \Box NOIf 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?					\Box YES	\Box NO	
Have you ever received a scholarship at SAS?				□ YES	\Box 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:	nstructor: 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.) Image: Start Date: Image: Start Date: Image: Start Date: Image: Start Date:							
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: For office use only Statement of financial need Date received: Copy of your most recent tax return with Social Security number blacked out Date received: Email your application to: Scholarship Committee at wstillions@scottsdaleartschool.org Please put Scholarship and your first and last name in the subject line.							
-OR- Mail your application to: W Sc 37		s, Business Mana sts' School all Way			Which class: Notified:		