**FINANCIAL AID / SCHOLARSHIP REQUEST**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Home Phone** |  | **Cell Phone** |  |
| **Email** |  |
|  |
| **Have you studied art before? Yes / No****If Yes, where, name of instructor(s) and date(s) for each course:** |

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**Have you ever been enrolled? Yes / No**

**If Yes: list the course(s), date(s) and instructor(s):**

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**Semester Choice:**

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**Whom would you like to study with:**

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**Class Choice:**

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**Reason for Scholarship:**

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**Names and Contact Information of three references:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**In one paragraph, please tell us why you think you deserve this scholarship:**

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