



APPLICATION FORM

Southern Arizona Watercolor Guild Art Student Scholarship

Last Name: _____ First Name: _____

Phone: _____ Email: _____ Under 18 years of age

Address: _____

City: _____ State: _____ Zip Code: _____

Art Teacher/Professor: _____

Phone: _____ Email: _____

High School or College currently attending: _____

College/University you plan to attend next year: _____

Major: _____ Minor: _____

Undergrad Student Graduate Student

What is your favorite art medium? _____

What are your future goals?

Who is your favorite artist? Why?

Past Awards and/or Art Exhibits? Where? When?

Last Name: _____ First Name: _____

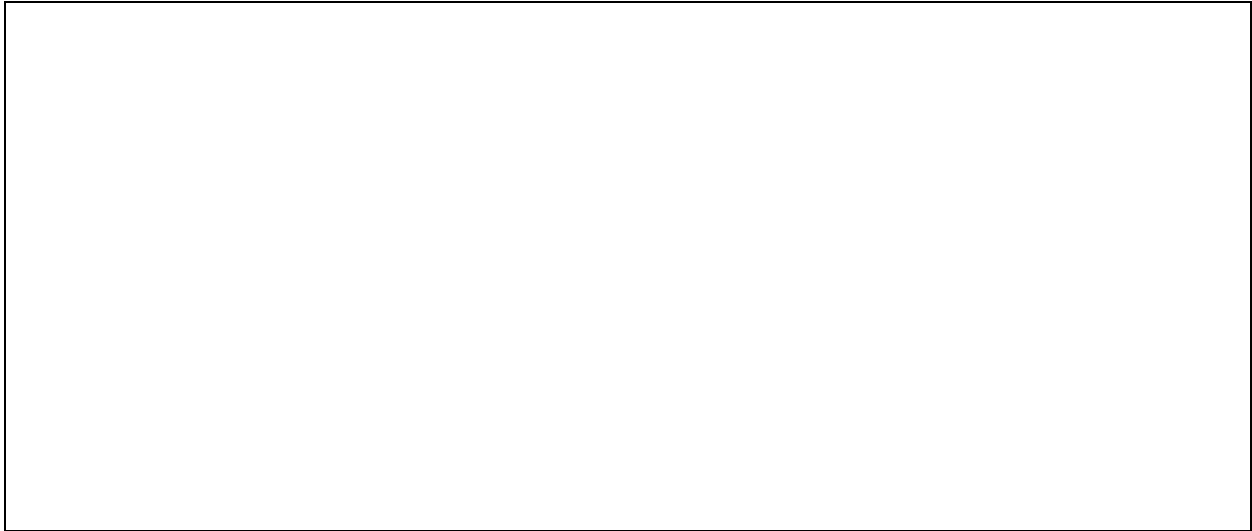
Artwork submitted by jpg:

#1 Title of Work: _____

Medium: _____

Size of original image: Height: _____ Width: _____

Express the story behind your image:



#2 Title of Work: _____

Medium: _____

Size of original image: Height: _____ Width: _____

Express the story behind your image:

