



Arts & Craftsmen Guild™

31 South Grove Street, East Aurora, NY 14052

HIGH SCHOOL ART SCHOLARSHIP APPLICATION 2024

Personal Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number Home: (____) _____ Cell Number: (____) _____
E-Mail Address: _____ Date: _____

Education Information

High School _____
Street Address: _____
City: _____ State: _____ Year Graduated: _____ GPA: _____
College Attending: _____ City: _____ State: _____
Major: _____ Full or Part-Time (circle one)

Emphasis Interest (check all that apply)

_____ Design _____ Sculpture
_____ Painting/Drawing _____ Digital
_____ Photography _____ Video, Animation
_____ Art Education _____ Other _____

Special Achievements/Awards/ Recognitions

CHECKLIST FOR SCHOLARSHIP:

- _____ 1.) This completed application form
- _____ 2.) One Page Artist's Statement (Typed – Double Spaced)
- _____ 3.) Portfolio Three Image Portfolio e-mailed to artsandcraftsmenguild@gmail.com (with correct labeling)
- _____ 4.) **Due Date: Friday, May 4, 2024**
- _____ 5.) Letter of Recommendation from a teacher