

**UAF VISUAL ART ACADEMY
SCHOLARSHIP APPLICATION
SUMMER 2008**

Name _____

Date _____

Address _____
Street or PO Box Number

Phone _____

City _____ State _____ Zip Code _____

Grade (in Spring 08) _____

Email: _____

Social Security # _____

_____ US Citizen _____ Other (if so, which country) _____

Schools attended

Elementary School Name: _____

Address: _____

Junior/Middle School Name: _____

Address: _____

High School Name: _____

Address: _____

List artistic background:

Important: Please be sure you submit the appropriate materials with this application.

- ❖ **ALL APPLICANTS MUST SUBMIT** two letters of recommendation. These may be from schoolteachers, counselors, or administrators who can tell us about your artistic abilities. These recommendations should be sent directly to:

Scholarship Committee
UAF Visual Art Academy
PO Box 755640
Fairbanks, AK 99775-5640
Phone: 907-474-7530

Or email to:
fyart@uaf.edu

- ❖ **ALL APPLICANTS ARE REQUIRED** to submit a portfolio of at least 5 works. Please label the portfolio with student name and contact numbers. Be pick up the portfolio during the first week of the academy.
- ❖ **STUDENT ESSAY (to be completed by the scholarship candidate):** Using another sheet of paper, write a personal essay describing the following: Your talent, your goals, your achievements so far (including awards and honors received), your interest in helping others with their talent, other activities in which you participate and anything else you would like us to know about you.
- ❖ **SEE BACK OF FORM**

Parent or Guardian Information (please print):

PARENT'S MARITAL STATUS (MARRIED, DIVORCED, ETC.) _____ WHO SHOULD RECEIVE BILLING _____ CUSTODIAL PARENT? MOTHER FATHER JOINT

MOTHER OR GUARDIAN (NOTE RELATIONSHIP NAME) _____ OCCUPATION/TITLE _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME AND ADDRESS OF EMPLOYER _____ OFFICE TELEPHONE: AREA CODE AND NUMBER _____ OFFICE FAX: AREA CODE AND NUMBER _____

FATHER OR GUARDIAN (NOTE RELATIONSHIP) NAME _____ OCCUPATION/TITLE _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME AND ADDRESS OF EMPLOYER _____ OFFICE TELEPHONE: AREA CODE AND NUMBER _____ OFFICE FAX: AREA CODE AND NUMBER _____

Does the student applying expect to be the recipient of any funds (scholarship, grant, award or prize from any country, state, organization or individual) specifically for attendance at the UAF Visual Art Academy? Yes No

IF YES, NAME THE TITLE OF AWARD AND AMOUNT _____ WHAT IS THE DOLLAR AMOUNT APPLICANT AND HIS/HER FAMILY CAN PROVIDE TOWARD THE ACADEMY TUITION? _____

Mother or Guardian
Please Answer _____
EARNINGS THIS YEAR _____ EARNINGS LAST YEAR _____

Father or Guardian
Please Answer _____
EARNINGS THIS YEAR _____ EARNINGS LAST YEAR _____

Please note unusual expenses or circumstances you would like taken into consideration (attach additional sheet if necessary).

Required Signatures

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the release of my application information to the Scholarship Committee and other third parties for the purpose of scholarship consideration. I give permission for the University of Alaska Fairbanks or the UA Foundation to release information about myself and the name and amount of the scholarship if I am awarded a scholarship based on this application.

Signature: _____ Date: _____
Candidate

Signature : _____ Date: _____
Parent*

*It is understood that 'parent' refers to the parent or legal guardian of the scholarship candidate.

Checklist:

- Application form completely filled in and signed by parents/guardians and candidate.
- Student essay (preferably typed) and supporting materials.
- Enrollment form and non-refundable \$75 deposit.
- Letters of recommendation enclosed or being sent to Academy

PLEASE NOTE: an enrollment form and a non-refundable \$75 deposit, which will go toward your tuition fees, **MUST** accompany each scholarship application if you have not already done so.

DEADLINE FOR APPLICATION: All applications and supporting materials must be received by May 23rd, 2008 in order to be considered. Please send the materials to:

Scholarship Committee
UAF Visual Art Academy
PO Box 755640
Fairbanks, AK 99775-5640

If you have any questions about this application form, you can call us at (907) 474-7530, or email us at fyart@uaf.edu We'll be happy to answer any questions you may have.