

**UAF VISUAL ART ACADEMY  
SCHOLARSHIP APPLICATION  
SUMMER 2009**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box Number

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade (in fall 2009) \_\_\_\_\_

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
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❖ **ALL APPLICANTS ARE REQUIRED** to submit a portfolio of at least 5 works.

❖ **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.

**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 15<sup>th</sup>, 2009 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](mailto:fyart@uaf.edu) We'll be happy to answer any questions you have.