

**UAF VISUAL ART ACADEMY
SCHOLARSHIP APPLICATION
SUMMER 2027**

Name _____

Date _____

Address _____
Street or PO Box Number

Phone _____

City _____ State _____ Zip Code _____

Grade (Fall 2027) _____

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 school teachers, counselors, or administrators who can tell us about your artistic abilities. Please have them send their recommendations directly to:

email:
Scholarship Committee
uaf-vaa@alaska.edu

- ❖ **ALL APPLICANTS ARE REQUIRED** to submit a portfolio of at least five works. Please send examples of quality digital images to: **uaf-vaa@alaska.edu**

Power Point presentations are preferred. Include student's name, size of work and materials used.

- ❖ **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.
- ☐ Art portfolio containing five digital images of applicant's work.
- ☐ Student essay (preferably typed) and supporting materials.
- ☐ Registration in CampDoc with non-refundable \$75 deposit.
- ☐ Names of two recommendation letter writers who will send or email their recommendations to the academy.

PLEASE NOTE: If you have not already done so, please register for VAA at campdoc.com and pay your non-refundable \$75 deposit, which will go toward your tuition fees.

DEADLINE FOR APPLICATION: All applications and supporting materials must be received by May 1, 2027 in order to be considered. Please email all your materials to:

Scholarship Committee
uaf-vaa@alaska.edu

If you have any questions about this application form, please email us at uaf-vaa@alaska.edu
We'll be happy to answer any questions you may have. Thank you!