

THE ART GUILD SCHOLARSHIF FOR NASSAU COUNTY HIGH SCHOOL SENIORS

APPLICATION

THE ART GUILD is pleased to sponsor scholarships for graduating seniors who attend high school in Nassau Count be awarded to students who will pursue the visual arts following their high school graduation, and who have demonstrated to any of the visual arts. This includes, but is not limited to: drawing, painting, sculpture, fashion design, set design and pl Students who apply MUST be graduating seniors and attend high school in Nassau County. All sections of this appropriated and postmarked by April 1. Images emailed separately must be received by April 1. Incomplete applic considered. Award recipients will be selected by The Art Guild. All decisions are final.

Questions can be directed to **Lisa Grossman, Executive Director at Igrossman@TheArtGuild.org or 516-304-579** about The Art Guild visit www.TheArtGuild.org.

HOW TO APPLY

- Fill out all requested information and upload images via our website OR
- Fill out this form and email it with images to:
 Scholarship@TheArtGuild org.
 Put "Student Scholarship" in the subject line and include your
 name and contact information in the email.
 Students are encouraged to create an editable PDF form, for ease
 of reading.
 OR
- You may print the form, fill out and mail it to:
 THE ART GUILD, STUDENT SCHOLARSHIP COMMITTEE
 200 PORT WASHINGTON BLVD., MANHASSET, NEW YORK 11030
 (Images must be emailed to scholarship@theartguild.org by April 1.)

IMAGES

- You must submit images of the five artworks you hav scribed in the form. If you are in theater/set design, y a major part in the design and creation of the describ
- Files. whether uploaded to our site or emailed, should mat, medium resolution, maximum 3 MB file size. Lat student last name_first name_number of entry_tile use # symbol in name.)

All parts of the form MUST be completed.

PLEASE TYPE OR PRINT LEGIBLY		
Student Name		Date of Birth
Phone ()	E-Mail	
Home Address	·	
City	State	Zip
High School		Expected Graduation Date
High School Address		
City	State	Zip
Guidance Counselor Name	<u> </u>	Phone ()
Parent/Guardian Name		<u> </u>
Phone ()	E-Mail	
	SUBMISSIONS	TO KIND OF THE STORY
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the following two questions briefly (100 word limit).			
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al information about yourself and your interests in the visual arts that will be l	helpful to us in making a c	lecision	n