SCHOLARSHIP APPLICATION COVER Visual Arts

I certify that all information given in every part of this application i	S
true. I understand that falsification of information may result in	
termination of any scholarship granted.	

I grant permission for Garrett High School Guidance Office to release a copy of my transcript to the individual or group responsible for awarding or administering this scholarship.

Student Signature	Date	
Parent/Guardian Signature	 Date	

Visual Arts

Eligibility criteria for the scholarship are as follows:

- 1. Must have at least a B+ or equivalent grade point average.
- 2. Must have participated in Fine Arts while at Garrett High School.
- 3. Have been accepted and plan to attend an accredited college or university.
 - 4. Course of study must be in visual arts, theater, music or dance.

Garrett Scholarships

NAME	DATE OF BIRTH		
ADDRESS	CITY	ZIP	
HOME PHONE	DIPLOMA ⁻	TYPE	
FATHER'S NAME			
MOTHER'S NAME			
Occupation/Employer			
Check if applicable: □ Father dece	eased □ Mother deceased □ P	arents divorced	
Ages of other children in your famil	ur family Number of family members in college		
School you are planning to attend			
City / State of School		□Full-time student □Part-time student	
ntended Major		□Accepted □Applied-awaiting decision	
Career Goal			
.iving arrangements: □On-campus			
School or Community Activities	in which you have participated	or positions held in High School	
•	clude any workshops attended		
<u>Activity</u>	# of Years	Leadership Positions, Awards, Recognition	
Mark Everyiones			
Vork Experience:			
Why applicant desires scholarship	and how it will be used:		
understand that if awarded this scl nowing proof of enrollment.	holarship, it may be sent direct	ly to the college, university or technical college I am attending	
		Signature of Applicant	
		Signature of Applicant	