



GCISD Visual Art Student Scholarship Application

Applicant Name:

Street Address:

City/State/ Zip:

Phone:

Email:

High School:

Graduation Date (MM/YYYY):

College/ University planned to attend:

College/ University city/state:

Have you been accepted at this College/ University? (Yes/ No):

Planned College Major:

What is your primary Visual Art medium? :

Please attach 1-3 photographs of your best work to this application. Please use the following naming convention to label each your submitted art images: your name image name

Please respond to the following question in 500 words or less: What do you want to do with your art education? How will art education support your future goals?

I certify to the best of my knowledge that the information I have given on this application is true.

Applicant: _____

Date:

I recommend this Student for this Scholarship:

School Teacher/ Administrator/ Counselor/ Sponsor:

Date:

Title of School Teacher/ Administrator/ Counselor:

GCISD Campus: