Art Scholarship

APPLICATION

ARTS COUNCIL OF CLINTON, INC.
P.O. Box 572 • Clinton, MS 39060
www.artscouncilofclinton.org

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School: _____

School Address: _____

School Phone: _____

Teacher Name: _____

Student E-mail: _____ Teacher E-mail: _____

Teacher Statement of Authenticity: "I certify that the work submitted was done by the student applying and any assistance given was only in the form of instruction/advice."

Teacher Signature: _____ Date: _____

AREAS OF COMPETITION ***(Check all that apply):***

☐ VISUAL ARTS ☐ DANCE ☐ MUSICAL PERFORMANCE ☐ WRITING

☐ DRAMATIC PERFORMANCE

APPLICATION PARAGRAPH ***(Required):*** In the space below, write a paragraph explaining why you think you are a good candidate to receive an art scholarship from the Arts Council of Clinton, Inc. Please include your future plans and goals for your art.

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