



Date _____

**GRACE COLE (Merit-Based)
SCHOLARSHIP APPLICATION**

(Student's Name) (Age of minor child) *scholarships are awarded regardless of age

(Street/City/State/Zip) (Phone)

(Email address)

(Parent/Guardian Name, if applicant is a minor) (Occupation)

If a student, what school do you attend? _____ Grade: _____

Have you taken a class at TAC before? _____ Have you received a TAC scholarship before? _____

What special accommodations, if any, does the applicant require to participate in class? _____

What form(s) of art have you made? _____

If awarded, which classes/workshops would you like to take? _____

Please state in your own words why you or your child should receive this scholarship (Use back or additional sheet if necessary):

Please provide a reference (art teacher) _____

Please attach 3 to 5 images of your (or applicant's) artwork to be considered for the Grace Cole Merit-Based Scholarship.

Please Read Scholarship Recipient Obligations and Sign Below:

Application ***MUST BE FILLED OUT COMPLETELY and returned to TAC by*** _____ . The Merit Based Grace Cole Scholarship will be valued at \$500. and awarded on _____ to one recipient, to be used toward art classes/workshops at TAC. Scholarship must be used before Winter session, 2019.

Signature _____ Date _____