



Visual Arts Major Scholarship APPLICATION FORM (Email Deadline 3/31/2012)

Name _____

Address _____

City _____ County _____ 9 digit Zip _____

Phone _____ Email _____

Name of High School I attend _____

Date I will graduate _____

College I have been accepted by and will attend _____

City _____ State _____ 9 digit Zip _____

My Start Date (mm/dd/2012) _____

My Major, or Intended Major _____

Have you decided on a career? YES NO

If YES, please describe _____

List any high school honors, awards, exhibits, etc. related to your artwork _____

I learned about the HCAA scholarship through _____

STUDENT STATEMENT

On a separate page, please clearly write or type two brief paragraphs describing why you are seeking this scholarship and what it will do for your education. Tell us how art has shaped your life, what you hope to contribute to society through your art, what you love about art, how art makes you feel, and why it is important.

Please put your full name at the top of your Statement and submit it with the Application.

DISCLAIMERS

- By submitting examples of my work, I am granting HCAA the right to use these submissions, with or without attribution to the artist, in a non-commercial manner for the benefit of HCAA and the promotion of the scholarship program. My work cannot and will not be sold, marketed, copied or copyrighted in any way.
- I (and my parent or guardian if I am under age 18) expressly release HCAA, its board of directors, members, and or any other HCAA designated persons, from any financial responsibility for the loss of my art resulting from damage, theft or fire while my art is being transported to and from or while in the Hamilton County Art Center and/or any other site used for storing and displaying my artwork for the purposes of the scholarship application process
- My acceptance of these provisions is considered granted by signing and by submitting this scholarship application form and samples of my artwork.

I CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE, AND I AGREE TO THE TERMS AND CONDITIONS NOTED IN THE GUIDELINES.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

APPLICATION CHECKLIST: (Submit these items with this Application Form)

- Student Statement (1 page –two paragraphs)
- Art Teacher Letter of Recommendation (1 only)

PLEASE REMEMBER:

- **The Application Form is due on SATURDAY, MARCH 31, 2012.**
- **Submit Application Form BY EMAIL to kgarnes@sbcglobal.net OR BY MAIL to Kathy Garnes, 3813 Brian Place, Carmel, IN 46033.**
- The artwork that you are presenting to the HCAA membership is to be brought to the HCAA Art Center between the times of 5:30 pm to 6:15 pm on the evening of Wednesday, April 11, 2012. Pick up will be that evening at 9:00 PM. The Art Center is at 195 S. Fifth St. in Noblesville at the corner of Fifth and Cherry St. Our website is HCAA-IN.org.)
- **QUESTIONS? Kathy Garnes at 317-848-9731 or kgarnes@sbcglobal.net**