

**ART GLASS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP APPLICATION**

Artist Name:

Date:

**Artist Contact Info: (E-Mail)
(Phone**

Mailing Address:

Artist's Experience

Artist's Purpose in Participating in this Workshop:

**ART GLASS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP APPLICATION**

Workshop Title:

Date(s) of Workshop:

Hosted by:

Workshop Address

Workshop Phone Number:

Total Cost of Workshop:

Deadline to be approved for this workshop:

If You Cancel: Students who cancel the workshop for whatever reason must let us know **at least 15 or more days** prior to the start date of the workshop. You also must contact the workshop if you are to get your part of the fees back.

If The Workshop Cancels: In the unlikely event that the workshop is canceled due to low enrollment, you need to contact the workshop to arrange to get your fees back. If a class is canceled, the AGASC is not responsible for reimbursing travel costs or other reservation fees.

I have read all parts of the application and hereby affix my signature

Signature of Applicant _____ **Date:** _____

If the Applicant is under 18 years of age, we need a Guardian's Signature

Guardian's Signature _____ **Date:** _____

(If Applicable)

**ART GLASS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP APPLICATION**

Write a Short Essay About Why You Merit This Scholarship

Submit to: artglassassociation@gmail.com ATTN: Education Committee/Board