

University of WI-Green Bay Summer Camps

Arda Ishkhanian Art Camp Scholarship

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Camp Applied for: _____

Education

High School: _____ Address: _____

Year in School: _____ To: _____ Did you graduate? YES ☐ NO ☐

References

Please list two school references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please, in your own words, describe why you feel you are a qualified student to receive the art scholarship. Tell us how important this scholarship would be to you, and if you would be able to attend the camp with or without the scholarship.

Please include and attach 2 or 3 pictures of your own favorite art projects. (These pictures will not be returned.)

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my loss of the scholarship

Parent
Signature: _____ Date: _____