



WOMEN IN THE VISUAL ARTS, INC.

P.O. Box 880668
Boca Raton, FL 33488-0668
www.witva.org

Scholarship Application

NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE (_____) _____
PRESENT SCHOOL AND ADDRESS _____
CITY _____ STATE _____ ZIP _____
SCHOOL PHONE (_____) _____
FULL TIME STUDENT _____ PART TIME STUDENT _____ (CHECK ONE)
HOW MANY CREDITS DO YOU PRESENTLY CARRY? _____
MARRIED _____ SINGLE _____ DIVORCED _____ # OF DEPENDENTS _____
ARE YOU CURRENTLY ON SCHOLARSHIP? _____
ARE YOU CURRENTLY EMPLOYED? _____ IF SO, WHERE _____

WEEKLY HOURS EMPLOYED _____
WHY ARE YOU APPLYING FOR SCHOLARSHIP FUNDS _____

WHICH GRADUATE SCHOOL ARE YOU APPLYING TO? _____

WHAT ARE YOUR FUTURE GOALS IN THE FIELD OF ART? _____

It is understood that the head of the art department and/or the professor(s) of the above student will make a recommendation based on the candidate's grade point average and economic need, to the Board of Directors in Women in the Visual Arts, Inc. The WITVA Scholarship Committee will review the application of the student and view her submission, which should consist of from **5 to 8 photographs of recent work, an Artist Statement, and a recommendation from their professor or art department head.** Final decisions for scholarships will be determined by the WITVA Scholarship Committee.

Date _____
Recommending professor or department head _____
College or University _____
Students signature _____

Mail to: Grace Fishenfeld, WITVA Graduate Scholarship Chair
6875 Willow Wood Drive #2032
Boca Raton, FL 33434
561-482-0239