

STUDENT INFORMATION		
Name Birthdate		Birthdate
Home Address		
City	State	Zip Code
Telephone Number	E-mail address	
SCHOOL INFORMATION		
School Name	G	raduation Date
Major	Minor	
Academic/Artistic Achievement/	Exhibitions: List below any academic/	artistic honors or awards you have
received and the year(s) awarded	d.	
Attached Arts (Title Medium De		
Attached Art: (Title, Medium, De	escription)	

AUTHORIZATION Your signature at the end of this application authorizes The Detroit Society of Women Painters and Sculptors Scholarship Committee to examine your submissions and contact references and instructors as necessary. Your signature also certifies the accuracy of the information that you have provided. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Applicant's Signature / Date