



Treasure Island, Florida

www.TreasureIslandArtGuild.org

Visual Arts Scholarship Application Form

Please Print Clearly

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Phone Number	Cell Phone No	E-Mail Address
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Name(s) of Parents or Guardians:

Address, if different from above:

Phone Number(s):

- Scholarship must be used within 6 months of receiving the check.
- Scholarship funds are designed for use only toward tuition, fees, books and/or supplies.

I understand and agree to all terms and conditions stated on the Treasure Island Art Guild website and hereby apply for the Treasure Island Art Guild Scholarship.

DATE: _____ **SIGNATURE:** _____