



## Brazoria County Fair Student Art Scholarship Application

### APPLICATION MUST BE FILLED OUT IN DETAIL

Make sure application is complete with all signatures, recommendations and portfolio.  
All entries and fees are due in the BCFA Fair office by 5 p.m. on September 28, 2018

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Father Mother

Address: \_\_\_\_\_ Zip \_\_\_\_\_

High School Attending: \_\_\_\_\_ GPA \_\_\_\_\_

College Planning To Attend \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

**In narrative form, please describe High School and Social activities you are involved with including kinds of Projects, Leadership, Citizenship activities, honors received and interest in the field you are pursuing.**

- Include recommendation from Art Teacher.
- Include required Portfolio of Artwork. (5-8 original pieces)
- Slides of Murals or other permanent work may be submitted.

Signatures: \_\_\_\_\_

We have examined this application and find the records true, accurate and complete.

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Principal: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Signed by principal or any other Authorized Personnel in School Office that can verify applicant's G.P.A.**

## Teacher Questionnaire Concerning Art Scholarship Applicant

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

1. How have you known the artist?

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2. What art classes has the applicant taken in Junior High and Senior High school?

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3. Has the applicant had private lessons or other art experiences?

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4. What are some of the strengths of the applicant's character? \_\_\_\_\_

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5. What unique characteristics of the applicant's style and work do you see?

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6. Please use the space below to elaborate on any other pertinent information concerning the applicant's work, talent, character or previous awards.

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Teacher's Signature: \_\_\_\_\_

## Portfolio Inventory Sheet Senior Division

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Media

Subject Matter or Title

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_