



WOODSTOCK  
SCHOOL OF ART

COLLEGE  
SCHOLARSHIP  
APPLICATION

RETURN TO:  
Woodstock School of Art  
College Scholarship  
2470 Route 212  
Woodstock NY 12498

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PREFERRED GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AREA OF STUDY \_\_\_\_\_

TITLE OF CLASS DESIRED \_\_\_\_\_

WSA INSTRUCTOR \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and consent to the use of my visual image by the Woodstock School of Art for appropriate purposes, including, but not limited to,; still photography, video, electronic/print publications, and websites. I give this consent with no claim for payment.

\_\_\_\_\_  
STUDENT SIGNATURE If signing electronically, simply type your name. DATE

Please check here if you would like to be added to our mailing list.

I am interested in:

Drawing

Painting

Printmaking

Sculpture