



**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 CODE _____

TELEPHONE _____ EMAIL _____

COLLEGE _____ GRADUATION YEAR _____

AREA OF STUDY _____

TITLE OF CLASS _____ DATE: _____

WSA INSTRUCTOR _____

STUDENT SIGNATURE _____

I, _____, hereby authorize and consent to the use of my visual image by the use of 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 _____ DATE: _____

PLEASE CHECK HERE IF YOU WOULD LIKE TO BE ADDED TO OUR MAILING LIST

I AM INTERESTED IN:

DRAWING

PAINTING

PRINTMAKING

SCULPTURE