



## Scholarship Application

An Amazing Woman Foundation awards scholarships based on need and funds available to young women, ages 10-18 who demonstrate a desire to pursue instruction or gain experience in the arts, including but not limited to creative writing, dance, drama, music or visual art. While we place a high value on post-secondary education, we are committed to providing the necessary resources for young women to seek education and experience at local studios, arts camp and workshops, and at this time, we cannot fund collegiate or post-secondary education.

### **Application Period:**

January 15 - February 15, 2016

### **Eligibility:**

Young women ages 10-18 who demonstrate a passion for her art form and a desire to seek additional education and experience in the arts. Students may not receive scholarship aid more than once in any 24 month period.

***(It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual preference, age, or disability.)***

### **Application Process:**

Students must submit:

- Application;
- Letter of recommendation from a teacher (may include an arts teacher, vocal coach, dance instructor etc.);
- Letter confirming acceptance into program for which you applying for aid (in applicable); and
- Brief essay explaining:
  - 1) Why AAWF should award a scholarship to you and what you will use it for;
  - 2) What your art form means to you;
  - 3) How you will you use your talent to enrich your life and the lives of others;
  - 4) At the completion of this experience, what do you expect to have learned and how will it impact your journey to be amazing.

# Scholarship Application Continued

## **Selection Process:**

A selection committee, comprised of respected experts, will review and score each application and essay. Students with top scores will be awarded a scholarship. Scholarship recipients will be notified no later than March 1, 2016.

## **Award Information:**

If selected to receive scholarship funds, it is our policy for all monies to be paid directly to the school, program, or organization rather than the student or parent. The school, program, or organization must return IRS form W-9 before receiving funds and will receive IRS form 1099 on or before January 31, 2017 per federal mandates. No exceptions can be made.

## **More Information:**

For more information, please contact Sandy Garbovan, President of An Amazing Woman Foundation, at 734-759-7770 or [anamazingwomanfdn@gmail.com](mailto:anamazingwomanfdn@gmail.com)

Applications must be received by **February 15, 2016** and may be submitted online or mailed to:

An Amazing Woman Foundation  
P.O. Box 1999  
Southgate, MI 48195

# Application for Scholarship



## Student Information

Student Name:

Birthdate:

Parent/Guardian Name(s):

Street Address:

City, State, Zip Code:

Home Phone:

Cell Phone:

E-Mail Address:

E-Mail Address (Parent/Guardian):

## Type, Amount of Scholarship Requested

How will you use the scholarship award? (e.g.: pay for summer arts camp)

If applicable, have you received admittance into this program? (Proof of acceptance required)

☐ Yes

☐ No (If no, your award will be contingent upon acceptance)

What is the total cost of the instruction, camp, workshop, etc. that you want to participate in?

Are you receiving scholarship/grant money from any other source to pay for this activity? If so, please identify the amount and source of additional funding.

Total amount requested from AAWF:

Will you accept less than the requested amount?

☐ Yes

☐ No

Discipline			
Please check the box for your creative art form			
<input type="checkbox"/>	Visual Art (explain):		
<input type="checkbox"/>	Dance (style(s)):		
<input type="checkbox"/>	Drama (type):		
<input type="checkbox"/>	Creative Writing: Select One:	<input type="checkbox"/> Non-fiction	<input type="checkbox"/> Playwriting
	Poetry	<input type="checkbox"/> Short Story	<input type="checkbox"/>
<input type="checkbox"/>	Instrument (Which one(s)):		
How long have you been studying/practicing/pursuing your art form?		Years	Months
Have you had any formal instruction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, where have you studied?			
School/Studio Contact Information (Primary Discipline)			
School/Studio Name			
Street Address			
City, State, Zip Code			
County			
Teacher's Name			
Teacher's Telephone Number			
Teacher's E-Mail Address			
Grade/High School Information			
School/Studio Name			
Street Address			
City, State, Zip Code			
County			
Teacher's Name			
Teacher's Telephone Number			
Teacher's E-Mail Address			

Please tell us about your plans for future study (College/University and Course of Study, etc)

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Other Extracurricular Activities

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Please tell us: 1) Why AAWF should award a scholarship to you and what you will use it for; 2) what your art form means to you; 3) how you will use your talent to enrich your life and the lives of others; and 4) At the completion of this experience, what do you expect to have learned and how will it impact your journey to be amazing. (Continued on next page, and feel free to use additional pages if necessary)

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Patient Information	
Full Name	
Date of Birth	
Gender	
Address	
City	
State	
Zip	
Phone	
Medical History	
Allergies	
Current Medications	
Past Medical History	
Family History	
Social History	
Physical Examination	
Vital Signs	
Laboratory Tests	
Imaging Studies	
Diagnosis	
Treatment Plan	
Follow-up	

### Additional School/Studio Contact Information

School/Studio Name

Street Address

City, State, Zip Code

Teacher's Name

Teacher's Telephone Number

Teacher's E-Mail Address

School/Studio Name

Street Address

City, State, Zip Code

Teacher's Name

Teacher's Telephone Number

Teacher's E-Mail Address

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in immediate disqualification.

**Name (printed)**

**Signature**

**Name (printed) (Parent/Guardian)**

**Signature**

**Date**

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual preference, age, or disability.

**Thank you for your interest in An Amazing Woman Foundation.**