



VISIONARY SCHOLARSHIP PROGRAM

Recipient Evaluation of Scholarship Program

[to be completed by recipient -- recipient to submit within thirty (30) days after the course ends]

Date: _____

Name of Recipient: _____

School Attended: _____

Course Attended: _____

Date of Course: Start Date: _____ End Date: _____

What did you learn in the course of study funded by the AACG Visionary Scholarship?

How has this scholarship affected your life and future artistic goals?

