



Art Alliance for Contemporary Glass

VISIONARY SCHOLARSHIP PROGRAM Scholarship Application

[to be completed by the school -- school to submit by April 15, 2019 deadline]

Date of Application	Cost of Course	Amount of Dollars Requested

Name & Address of School			
School Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	

School Contact			
Name: _____	Title: _____		
Telephone: _____	Fax: _____		
Email: _____			

Name of course and school for which scholarship will be used

Starting & ending dates for course for which scholarship will be used	
Start Date: _____	End Date: _____

Name and Email address of applicant for whom you are requesting a scholarship	
Name: _____	Email: _____

Reason you feel this person is qualified to receive scholarship funds