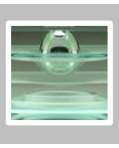
AACG
Art Alliance for Contemporary Glass



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