



# 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?

PLEASE E-MAIL THIS FORM TO [AACGvisionary@contempglass.org](mailto:AACGvisionary@contempglass.org).