



Art Alliance for Contemporary Glass

## VISIONARY SCHOLARSHIP PROGRAM School Evaluation of Scholarship Recipient

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

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

### SCHOOL EVALUATION COMPLETED BY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Date of Course:      Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Was this scholarship used by the recipient for the purpose it was intended?       Yes       No

Did the recipient complete the course of study?       Yes       No

### What is your evaluation of the artistic growth of the recipient?


### What did the recipient learn from the study experience?


[must complete both pages in their entirety before submitting -- see next page]



Art Alliance for Contemporary Glass

## VISIONARY SCHOLARSHIP PROGRAM Acknowledgement

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

We do hereby verify and confirm that the funds provided by the Art Alliance for Contemporary Glass Visionary Scholarship Program were spent for the purposes intended as set forth in our Scholarship Application.

No goods or services were provided to the Art Alliance for Contemporary Glass in exchange for this scholarship.

We have given appropriate credit and acknowledgement for this scholarship to the Art Alliance for Contemporary Glass in our promotions and publicity.

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Name of School

[Visionary Scholarship Program](#)

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Title of Scholarship

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Amount of Scholarship

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Name

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Title

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Date

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Signature

**PLEASE E-MAIL BOTH FORMS to [AACGvisionary@contempglass.org](mailto:AACGvisionary@contempglass.org).**