

SOUTHERN UTAH UNIVERSITY
Department of Art & Design
Application for Scholarship

Directions: Please type or print legibly. If you are an entering freshmen, please attach a high school transcript. Transfer students please include college transcripts. Attach a brief resume describing your academic, art, and work experience. Please include a portfolio of your artwork, up to 20 jpg images (actual studio work can be reviewed as well). Deadline is February 20th. Return this form, resume, portfolio, and transcript(s) to: *Southern Utah University, Department of Art & Design, 351 W. University Blvd., Cedar City, UT 84720*. Recipients of an academic scholarship may not also qualify for an Art and Design scholarship.

Name: _____ Age: _____
High School: _____ Graduating Year: _____ G.P.A. _____
College (if applicable): _____ College G.P.A. _____

Major areas of interest in art: _____

SUU offers eight Majors in art and design. Which major do you plan to pursue (or are pursuing)?

- | | |
|--|--|
| BA in Studio Arts <input type="checkbox"/> | BA in Art History <input type="checkbox"/> |
| BFA in Art Education <input type="checkbox"/> | BFA in Graphic Design <input type="checkbox"/> |
| BFA in Studio Arts (Ceramics/Sculpture) <input type="checkbox"/> | BFA in Studio Arts (Illustration) <input type="checkbox"/> |
| BFA in Studio Arts (Painting/Drawing/Printmaking) <input type="checkbox"/> | BFA in Studio Arts (Photography) <input type="checkbox"/> |

Projected SUU Graduation date: _____

Accomplishments and/or awards in the field of art: _____

The awarding of an Art & Design Department scholarship implies a commitment by the Department to encourage the student's successful development in his undergraduate studies. The acceptance of a Art & Design scholarship also implies commitment by the recipient which includes participation in department activities, enrolling in at least two Art & Design courses per semester (ART 3000 and one other), maintaining high academic standards, and having a positive and supportive attitude toward the Department.

Signature of applicant: _____

Address: _____

Phone #: _____ Social Security #: _____ E-mail: _____

For Office Use Only
Date Received:
CD/Slides/Photos:
Individual Pieces: