

# Garry West Art Scholarship

## SCHOLARSHIP APPLICATION

Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

High

School \_\_\_\_\_

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Name of Parents or Guardians:

\_\_\_\_\_

Name of College or University you plan to  
attend \_\_\_\_\_

Attach proof of enrollment with application.

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## REQUIREMENTS:

