

# OWATONNA ARTS CENTER

High School Scholarship Application • 2008

Application Deadline: March 31, 2008

*To qualify the applicant must have graduated from a high school in Steele County, or must be a current resident of Steele County for one year.*



**OWATONNA  
ARTS CENTER**

435 Garden View Lane  
P.O. Box 134  
Owatonna, MN 55060  
phone: 507.451.0533  
fax: 507.446.0198  
oacarts.org

Student's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

E Mail \_\_\_\_\_

Both Parents or guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Cell Telephone \_\_\_\_\_

**Artistic Media for further study (select one or two)**

Visual Arts  Drama  Communication  Dance  Literature  Music

## High School information

Name and address of High School you are currently attending:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Graduation Date \_\_\_\_\_

Name and Address of Post Secondary Institution to which you have been accepted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All applications must include the following:**

1. High School transcript
2. Portfolio or performance per one of the following:
  - Visual Art Portfolio must include 5 original works labeled: title, media, and size
  - Communication, dance, music, theater must show solo performance no longer than 5 minutes. A CD or digital format is preferred.
  - Literature: Must include three original compositions
3. Artist Statement
4. Recommendations

List all school activities in which you have participated during the past four years (e.g., student government, music sports, etc.) List all community activities in which you have participated without pay for the past four years (e.g. Boy/Girl Scouts, hospital volunteer, special Olympics, etc.)

Activity	Number of Years	Special awards/honors	Offices held
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Work experience:

Company	Position	Length of employment
_____		
_____		
_____		
_____		

## High School Scholarship Recommendation Form

Applicant please give one from to an educator and one to a non relative who can document your leadership, personality, reliability and creative skills.

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

How do you know this person \_\_\_\_\_

How long have you known this person \_\_\_\_\_

(Ranking is as following: 10 excellent, 5 average, 1 need improvement)

The applicant's achievements reflect their ability 1 2 3 4 5 6 7 8 9 10

The applicant's commitment to school and community 1 2 3 4 5 6 7 8 9 10

The applicant's ability to set realistic & attainable goals is 1 2 3 4 5 6 7 8 9 10

The applicant demonstrates curiosity and initiative 1 2 3 4 5 6 7 8 9 10

The applicant is able to seek, find & use learning sources 1 2 3 4 5 6 7 8 9 10

The applicant demonstrates good problem solving skill follows through and completes the task 1 2 3 4 5 6 7 8 9 10

Rate the applicant's creativity 1 2 3 4 5 6 7 8 9 10

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser's Name \_\_\_\_\_

Title \_\_\_\_\_ Telephone number \_\_\_\_\_

Appraiser's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Artists Statement:

Applicant must submit an artist statement. (The statement can be no longer than two pages)

*In your artists statement respond to the following sentence:*

Describe your art form, why it is an important part of who you are, and what do you want it to say to people?

Please send the completed form to: OAC • P.O. Box 134 • Owatonna, MN 55060