



OWATONNA ARTS CENTER
Post Secondary Scholarship Application

Application Deadline: June 6

435 Garden View Lane

P.O. Box 134

Owatonna, MN 55060

Phone: 507.451.0533

Fax: 507.446.0198

www.oacarts.org

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

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

Name and address of College you are currently attending:

College Graduation Date _____

Name and address of all the post secondary institutions you have attended and number of years
and
degrees you have received.

All applications must include the following:

1. College 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, and 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

Post Secondary 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 skills 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

OACSER082010