

**DOROTHEA A. KROPP MEMORIAL ART SCHOLARSHIP
APPLICATION FORM**

Name: _____ Soc. Sec. No _____

Address: _____ Date of Birth: _____

Telephone No.: _____

Father's Name: _____ Address: _____

Mother's Name: _____ Address: _____

I plan to attend: _____ (Name of Institution)

Accepted: yes no

Major area of study: _____ Minor: _____

I plan to pay for my education by: (savings, working, loan, etc.) _____

Have you been granted or do you expect to be granted financial aid? _____

If so, please explain.

High school activities, special awards and community activities directly/ indirectly related to the field of art:

In 150 words or less, indicate why you would like to be considered for this scholarship. (Use back, if necessary)

I request that the High School Counselor record my current grade average in the space provided below. I understand this information will be used and reviewed only by those who have direct responsibility to choose the scholarship recipient.

The applicant, _____ has a current grade average of:

A+ A A- B+ B B-

Counselor's signature: _____ Date: _____

School: _____

Applicant's signature: _____ Date: _____