

Recommendation Sheet for the Wichita Center for the Arts Mary R. Koch School of Visual Arts Scholarship

To the instructor: Please respond to the following questionnaire as honestly as possible. Place your responses in an envelope, seal, and return to the applicant, or, if you prefer, you may also send your response directly to the Center for the Arts, Attn: Education, 9112 E Central, Wichita, KS 67206.

To be filled out by the student:

Date: _____ Applicant Name: _____

Applicant Address: _____

Applicant telephone number: _____

To be filled out by the instructor:

Please rank the student's artistic ability and/or interest:

Above average

Average

Below average

Comments: _____

Please rank the student's work habits (attendance and participation, ability to follow directions, motivation to succeed, cooperation with others, etc.):

Above average

Average

Below average

Comments: _____

On the back of this page or on a separate piece of paper, please write a brief comment or letter explaining why you recommend this student for an art scholarship. Thank you for your assistance.

Your name: _____ Phone: _____

Your address: _____

Title/Occupation: _____

Signature: _____

High School Scholarship Form
To be filled out by the recipient

Date: _____

Student name: _____

Address: _____

Telephone: _____ E-mail (if any): _____

Class requested: _____

Age: _____ Grade in school: _____

High school : _____ Art instructor: _____

Scholarship requirements:

1. Letter of recommendation from outside source, preferably art teacher.
2. Student agrees to attend classes regularly and make a commitment to learn about art.
3. Student agrees to allow his/her work to be exhibited, and to allow photographs of himself/herself and/or his/her work to be displayed in Center publications and publicity.
4. Student (or designated adult if student is under 15 years of age) may be asked to donate 2 hours of volunteer work to the school. Time, date, and nature of work will be arranged to suit personal schedules.

I agree with the stated scholarship conditions:

Applicant signature: _____

Parent/guardian: _____

For office use only:

Amount of scholarship: _____ Class name: _____

Volunteer dates and times: _____

Evaluation: _____