



# SCOTTSDALE ARTISTS' SCHOOL 2025-2026 SCHOLARSHIP APPLICATION

*Please read the entire form carefully and fill in all blanks clearly and completely.*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Age Bracket (please check one): ☐ 18-24 ☐ 25-35 ☐ 36-50 ☐ Over 50

What media do you work in?: ☐ Oil ☐ Water Media ☐ Pastel ☐ Drawing ☐ Sculpture

How would you describe your work? ☐ Portraiture ☐ Figurative ☐ Still Life  
☐ Landscape ☐ Plein-Air ☐ Other: \_\_\_\_\_

Are you applying on the basis of financial need? ☐ YES ☐ NO

*If yes, you **must** attach an statement in support of your financial need and a copy of your most recent tax return.*

Have you ever taken a class at SAS? ☐ YES ☐ NO

Have you ever received a scholarship at SAS? ☐ YES ☐ NO

*If yes, please tell us when (year) \_\_\_\_\_ and which class or instructor: \_\_\_\_\_*

**Please list 3 instructor/class choices which you prefer. If possible, we will try to match you with one of your preferred choices.**

1. Instructor: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

2. Instructor: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

3. Instructor: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

**Would you like to be considered for a scholarship for any class in the media and subject matter you've marked above or a class that is similar to your indicated preferences? (We will keep your application on file and consider you if a scholarship becomes available.)** ☐ YES ☐ NO

## **Scholarship application must be accompanied by the following:**

- **Scholarship Application Form** filled out with your information.
- **Current Resume** including previous workshops, scholarships, awards, and exhibitions that relate to your artwork.
- **Brief artist statement.** Your statement should tell us about yourself and your work, and should describe how your personal or professional artistic goals will be helped through a scholarship.
- **5 images of your work.** Digital images by email, or on CD when application is mailed.
- **Image list** including titles, dates, media and dimensions of your work.
- **Self-addressed/stamped envelope** for the return of your photos/CD. If no envelope is provided, your materials will not be returned to you.

## **Financial need students must include:**

- **Statement of financial need**
- **Copy of your most recent tax return with Social Security number blacked out**

## **Email your application to:**

Scholarship Committee at [nfehr@scottsdaleartschool.org](mailto:nfehr@scottsdaleartschool.org)

Please put "Scholarship" and your first and last name in the subject line.

**-OR- Mail your application to:** Nicole Fehr, Registrar  
Scottsdale Artists' School  
3720 N. Marshall Way  
Scottsdale, AZ 85251

*For office use only*

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Accepted: \_\_\_\_\_

Which class: \_\_\_\_\_

Notified: \_\_\_\_\_