

TO: The Faculty of the Department of Art and Art History

The undersigned applies for the _____ Scholarship/Award granted by the faculty of the Department of Art and Art History under the rules set forth on the reverse of this application.

Date

Signature

Please type or print the following information and sign the release form

Social Security Number

(____)_____
Phone Number with area code

Name: Mr.

Ms.

Mrs.

Last First Middle

Local Address: _____
Street Apt. No.

City State Zip

E-mail address: _____

one of the following Art History Art Studio Major

Expected Date of Graduation: _____.

I will have completed _____ semester hours of work by the end of the summer term.

I grant permission to release information from my education and financial records to scholarship donors.

Date

Signature

Bring application and portfolio or paper to:

The University of Alabama at Birmingham

The Department of Art and Art History

113 Humanities Building

900 13th Street South

Birmingham, AL 35294-1260