

Return the application and

LACA via USPS or e-mail

supporting documents to

by April 1

Lebanon Art & Crafts Association

P.O. Box 188, Lebanon, NH 03766 • www.lebanonartandcrafts.org • 1

Lebanon Art & Crafts Association

Lebanon, New Hampshire 03766-0188

scholarship@lebanonartandcrafts.org

Scholarship Committee

P.O. Box 188



AWARDS APPLICATION

Given to deserving senior boy(s) or girl(s) from area high schools who while in high school:

- 1. Have shown proficiency in the field of the visual arts such as painting, drawing, ceramics, photography, crafts, textiles, or architecture;
- 2. Are continuing their education with the arts as a major or minor; and
- 3. Have been accepted at their college of choice

A committee within the Lebanon Art and Crafts Association will select recipients.

Postal Mail:

E-mail:

Note: if you need more space than the form a	allows, please attach additional	pages.	
Appl	icant Information		
Graduating from which high school:			
Name of applicant:Last			
Last	First		Middle
Home address: (Street)		Phone	
(City, State, Zip)			
E-mail address:			
Higher Learni	ing Institution Informat	tion	
Planning on attending:	OUniversity O	College	Other (check one)
College address: (Street)			
(City, State, Zip)			
Major in college:			
High School and	d Extracurricular Inform	nation	
Please list your high school awards, honors, scho	lastic achievements:		

Please list your activities in high school that pertain espe	ecially to your chosen major/minor in college:
	rolunteer, religious, etc.):
Please list other awards you have applied for or intend to	o apply for:
Name or Source	Amount
	<u> </u>
	
	ormation Required
	e required information will not be considered.
In addition to this application:	
One letter of recommendation from an arts ed	ucator at your school.
☐ Three to four photos of your work.	
☐ Write a short essay (no more than one page, 45	50-500 words) on why the committee should choose you.
\square (If needed) Separate pages to complete the pr	revious sections.
Do you have any family members or friends who are me O No O Yes If yes, please tell us who they a	re. Name(s)
Applicar	nt Signature
By signing this application, I acknowledge that if I Security number for tax purposes.	win the award LACA will contact me for my Social
Signature of applicant	Date

We thank you for submitting this application and we wish you well.