

**CC101/2-2023 SCHOLARSHIP APPLICATION FORM**

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| CONTACT DETAILS: DATE: |
| Name  |  |
| Phone |  |
| Email Address |  |
| Address  |  |
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| EDUCATION STATUS: |
| Degree to Pursue/Pursuing |  |
| Undergraduate |  |
| Postgraduate |  |
| High School |  |
| College/University |  |
| Expected Graduation Date |  |
| Professional Website/Url |  |

Please fill out the questionnaire to the best of your ability. More detail will help us to get to know you better.

(You may attach more pages if you need more room.)

Tell us about yourself:

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What is your greatest strength and weakness?

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How would this scholarship benefit you?

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Why did you choose The Essential Art Department for coursework?

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What are your career goals?

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Tell us about a mistake you made and how did you learn from it or fix it?

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Tell us about an achievement that makes you proud.

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Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email your completed application to:** TheEssentialArtDepartment@gmail.com

{Office Use: Applicant chosen: YES / NO Applicant previous awards: YES / NO Date of Award:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_}

\*\* FEEL FREE TO ADD MORE PAGES TO THIS DOCUMENT IF YOU NEED TO TELL MORE OF YOUR STORY!\*\*