

ARTISANS' GUILD OF CAPE COD

APPLICATION FOR THE CHRISTOFFER CARSTANJEN MEMORIAL SCHOLARSHIP

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
- Name of High School \_\_\_\_\_ ATTACH COPY OF TRANSCRIPT

Schools applied to in order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Annual Salary \_\_\_\_\_

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Annual Salary \_\_\_\_\_

Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_ Number in College this Year \_\_\_\_\_

Parents combined annual income from Form 1040, Line 32 : Form 1040A, Line 14 or Form

1040EZ, Line 3 \$ \_\_\_\_\_

Anticipated Costs \$ \_\_\_\_\_ Parents' Contribution \$ \_\_\_\_\_

Your Contribution \$ \_\_\_\_\_ ( As stated in FAFSA Form, if one has been filed )

Employment Experience \_\_\_\_\_

Are you presently working, and where \_\_\_\_\_

APPLICATIONS ARE TO INCLUDE ; one letter of recommendation from each of the following : School Art Department, Guidance Department, and two non related persons. Please be sure to send all information requested in order to qualify. Five (5) different examples of your work. Label with name and media. Please provide a self-addressed stamped envelope for return of these images. Write and attach to this application a short statement as to your goals and why you are applying for this scholarship. Be sure to include anything which you feel may favorably affect consideration of your application. PLEASE MAIL TO : Fayette Watkis 44 Atkins-Mayo Rd. Provincetown, MA 02657