

**Art Guild of Clifton**  
**Helen K. Rusnak**  
**Visual Arts, Music, and Performing Arts Memorial Scholarship**

## Applicant Information

NAME Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

PRIMARY ADDRESS: Street Address / PO Box \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PRIMARY TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SCHOOL STUDENT ATTENDS: \_\_\_\_\_

PRESENT GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

***To be completed by student***

I certify the decision to apply for the Art Guild of Clifton Art Scholarship Program is my own, and I will abide by the regulations explained in the Program Requirements and Criteria for Selecting Candidates. The responses contained in the student application form are my own.

I understand that scholarship checks will be made out to the institution named in my application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

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***To be completed by parent or guardian if student is under 18***

With whom the student resides: \_\_\_\_\_ Parent \_\_\_\_\_ Guardian

FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY TELEPHONE #. \_\_\_\_\_ EMAIL address: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, permit the student to be considered as a scholarship candidate for the Art Guild of Clifton, Scholarship Program.

I confirm that the student meets the eligibility requirements of the Scholarship application.

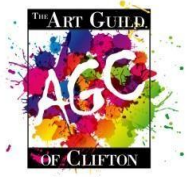
I understand that if the student is selected for a scholarship, the monies must be used for the program or curriculum noted on the application.

I understand that the scholarship does not imply any additional financial support, and if accepted, the student will be responsible for the remainder of costs, if any.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

AGC use only: *Applicant's ID:* 2026AGC \_\_\_\_\_



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## Scholarship Program Information

Please complete the following questions about the Art Program being planned. PLEASE ATTACH NO MORE THAN TWO PAGES OF SUPPLEMENTAL INFORMATION, AT MOST.

Name of Program: \_\_\_\_\_

Specify type of Art/Medium: \_\_\_\_\_

Specify institution, organization, school, university, or college that will supervise the program. Provide: **(a)** address and contact person with telephone number, and **(b)** website for the program: If no program information is available, please furnish this information to the AGC when it becomes available.

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1. Briefly describe the program or desired program:

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Explain why the prospective program is important to you and what you expect to gain from participating:

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2. Specify dates [or] duration of the program, if available: \_\_\_\_\_
3. Program cost (these funds may only be used for tuition) \_\_\_\_\_
4. List file names for the three submissions/demonstrations submitted.

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## Your Artist Statement

On a separate page, in 300 to 400 words explain simply:

1. WHAT INSPIRES YOU TO CREATE YOUR WORK?
2. WHAT SIGNIFIES OR REPRESENTS YOUR WORK?
3. WHAT IS UNIQUE OR SPECIAL ABOUT HOW YOU CREATE YOUR WORK?
4. WHAT DOES YOUR WORK MEAN TO YOU?