



## Women's Art Association of Hamilton Scholarship Request Form

<b>DATE:</b>	<b>REGISTRATION NUMBER:</b>
<b>INSTITUTION NAME:</b>	
<b>INSTITUTION ADDRESS:</b>	<b>POSTAL CODE:</b>
	<b>PHONE:</b>
<b>CONTACT NAME:</b>	
<b>CONTACT ADDRESS: (if different from above)</b>	<b>POSTAL CODE:</b>
	<b>PHONE:</b>
<b>BRIEF DESCRIPTION OF YOUR EDUCATIONAL INSTITUTION:</b> (i.e. mandate, enrolment, community impact, etc.)	
<b>BRIEF DESCRIPTION OF THE SELECTED STUDENT:</b> (i.e. – career aspirations, body of work, area of focus, education etc.)	
<b>STATEMENT OF NEED:</b> (i.e. amount requested and date for support)	
<b>FACULTY &amp; PROGRAM DETAILS:</b> (i.e. brief description, objective, target audience, etc.)	
<b>CRITERIA FOR SELECTION:</b>	