



PASTEL SOCIETY OF THE WEST COAST

\$500 SCHOLARSHIP AWARD  
A P P L I C A T I O N

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Applicant Full Name \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ School District \_\_\_\_\_

Art Instructor or Counselor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

College or Accredited Art School of Choice \_\_\_\_\_ Entry Date \_\_\_\_\_

Honors/Awards received during High School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra-curricular Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Awards/Achievements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Art Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career Goals:

\_\_\_\_\_  
\_\_\_\_\_

Mediums you prefer:

Oils  Acrylics  Watercolor  Pastel  Pencil  Sculpture  Printmaking

Please include the following with your Application

- A paragraph describing why you want to pursue a career in art as well as what has influenced your work
- Three recommendations using PSWC Recommendation form. (Two from school faculty)
- Three slides or photos of your artwork.

Mail to: PSWC Scholarship Chair

Rosemarie Boissonade · 6024 Plum Canyon Way · Roseville, CA 95747

boisson@comcast.net

## PSWC Scholarship Recommendation Form

Student's name: \_\_\_\_\_ date: \_\_\_\_\_

Name of Recommendation individual: \_\_\_\_\_

Subject Taught/Occupation:  
\_\_\_\_\_

Address of Recommender:  
\_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

To the teacher, private instructor or other recommending individual; how many years have you known this student and in what capacity:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate below your evaluation of the applicant:

Description	Below Average	Average	Above Average	Superior Interest in chosen area
Ability in chosen area				
Character				
Cooperation				
Leadership				
Emotional Maturity				
Personal Initiative				

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_