



DESIGN VISION STUDENT SCHOLARSHIP APPLICATION

Name	
Current cumulative Grade Point Average: (GPA):	
School Enrolled In:	
Name of Design Program	
Student ID Number:	
Phone Number:	
PERMANENT ADDRESS:	
Street Address:	
City/Town:	
County:	
State:	
Zip Code:	
Phone Number:	
CURRENT MAILING ADDRESS IF DIFFERENT:FROM ABOVE	
Street Address:	
City/Town:	
County:	
State:	
Zip Code:	
Phone Number:	
Email address:	



ARIZONA SOUTH

DESIGN VISION STUDENT SCHOLARSHIP

2009-2010

Notify at which address (Circle One) Permanent Current

Major/Program of Study

Minor (if any):

Expected graduation date:

Student classification at time of scholarship submission (check one):

Sophomore _____ Junior _____ Senior _____

Number of semester hours remaining:

Total number of semester hours completed:

Number of semester hours in which currently enrolled (this semester):

Do you plan to enroll for further study? (Circle) YES NO If yes, where:

Academic Merit (Academic awards and honors received)

Citizenship/Community Service (Community service activities)

Leadership (Membership in clubs and organizations (list all involvement))

Dedication to Field: Please compose an essay answering this question: What are your interior design visions and goals? How will this scholarship help you achieve it? (Limit 300 words)

(Signature of Applicant)

(Date)