

PERSONAL INFORMATION

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parents / Legal Guardians: _____

Address, if different: _____

I have read and fully understand all of the requirements of this scholarship.

Signature Date

ACADEMIC INFORMATION

High School: _____ Current GPA _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: _____

Name of High School Art Teacher or Counselor: _____

Direct Phone or Email: _____

Please list (in the order of your involvement) school and community organizations in which you have participated and any honors you have received. You may attach a one page resume if needed.

Please send completed applications to:
THE GOSS-MICHÆL FOUNDATION
Attn: Brenda Matamoros
1405 Turtle Creek Blvd.
Dallas, Texas 75207