

Portfolio # _____

**ART HISTORY CONTINUING STUDENTS
PORTFOLIO SCHOLARSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONCENTRATION: _____ PHONE: _____

ANTICIPATED GRADUATION DATE: _____

NEXT YEAR ATTENDING: ___FULL TIME or ___PART TIME (check one)

UID #: _____ WSU EMAIL: _____

CURRENT ART HISTORY COURSES FOR WHICH YOU ARE REGISTERED:

LIST ART HISTORY COURSES TAKEN:

THIS PORTION IS TO BE COMPLETED BY THE DEPARTMENT:

	# of Dept. courses completed:	# of Dept. courses in progress (cross checked with student list above):	
Art History	_____	_____	Total Art History hours earned as of Fall semester: _____
			Current Art History hour registration: _____
			Total Art History Hours: _____
			Past scholarship amount(s): _____

COMMITTEE PORTION:

GPA: _____ **Evaluator Initials:** _____ **\$** _____