



# Alberta Society of Artists GRADUATE Scholarship 2020

- Source:** The Alberta Society of Artists
- Eligibility:** Enrolled as a full-time student in a Fine Arts Graduate program at a post-secondary institution within Alberta. Must be an Alberta resident. **This Scholarship is for students focusing on a Studio Practice only.**
- Criteria:** Awarding the scholarship will be based on a combination of artistic merit, innovation and creativity, and, consideration of academic achievement.
- Value:** \$1,000.00
- Number:** One scholarship
- Selection:** Blind Jury selected by the Education Chair of the Provincial Council of The Alberta Society of Artists
- Deadline:** **January 6, 2020 by 4pm**
- Notification:** Recipient will be notified by email and announced publicly via the ASA website.

Submissions by mail must include the following:

1. Up-to-date, one page artist resume or CV
2. Up-to-date, unofficial transcript from post-secondary institution. If a recent transfer to a new institution then provide a transcript from the previous institution as well
3. Five to Seven (5-7) artwork images in JPG format at 300dpi not to exceed 5 inches in any direction. Include artwork details on the next page and name files in the following manner:  
**GRA\_FirstName\_LastName\_Title.jpg** i.e. John\_Smith\_Passages.jpg in a Windows compatible labeled USB stick or printed form in the mail.
4. 200 word max. Artist Statement pertaining to the body of work submitted along with a separate short statement, in the same document, of how you intend to use the Scholarship **in .pdf format**  
**FirstName\_LastName\_Statement.pdf** i.e. John\_Smith\_Statement.pdf
5. 6) Letter of support from Graduate Supervisor via email by the professor using his institution email address (not his personal email). Please email at [submissions@albertasocietyofartists.com](mailto:submissions@albertasocietyofartists.com), or they can be mailed to the ASA office (must be in school letterhead and in a sealed envelope). The mail must be received no later than Monday, January 6, 2020.
6. Application can be submitted online through are website or via mail.  
Mailing address is 1235-26 Ave SE, Calgary, AB T2G 1R7



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## APPLICANT DETAILS Part 1 of 3

2018 GRADUATE SCHOLARSHIP APPLICATION FORM		
STUDENT INFORMATION		
Name of Applicant:		
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Birth date:
Email:		
Name of Post-Secondary Institution:		
Program and Area of Studies:	Student ID No.:	
Institution Main Contact Number:		

### REQUIRED SUBMISSION MATERIALS CHECKLIST

- One Hard Copy of Application and images
- Up-to-date, one page artist resume or CV
- Up-to-date, unofficial transcript from post-secondary institution. If a recent transfer to a new institution then provide a transcript from the previous institution as well
- 200 word max. Artist Statement pertaining to the body of work submitted in .pdf labeled **FirstName\_LastName\_Statement.pdf** i.e. John\_Smith\_Statement.pdf
- Five to Seven (5-7) artwork images in JPG format at 300dpi not to exceed 5 inches in any direction. Include artwork details on the next page and name files in the following manner: **GRA\_FirstName\_LastName\_Title.jpg** i.e. John\_Smith\_Passages.jpg in a Windows compatible labeled CD or USB stick
- Letter of support from Graduate Supervisor in a sealed envelope along with Graduate Supervisor Details form.



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## ARTWORK DETAILS Part 2 of 3

Img	Title	Medium	HxWxD (in.)	Year
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I, \_\_\_\_\_, understand and agree to the conditions and statements contained in the above call. By submitting my application, I agree to give the Alberta Society of Artists permission to use my image(s) for publicity purposes related to the Scholarship & Educational Programming.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## GRADUATE SUPERVISOR DETAILS Part 3 of 3

2018 GRADUATE SCHOLARSHIP – SUPERVISOR INFORMATION
Name of Supervisor:
Name of Graduate Student:
Graduate Supervisor Phone:
Graduate Supervisor Email:
Name of Post-Secondary Institution:
Program and Area of Teaching:
Institution Main Contact Number:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_