



# Scholarship Application

## APPLICANT INFORMATION (Please Print)

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Last Name

First Name

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Organization

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Address

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City

State

Zip Code

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Phone

Fax

Email

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**Current Position or Educational Status**

Please submit one letter of recommendation with your application. Please list the recommender here:

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Last Name

First Name

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Phone

Email

**Please attach a personal statement, no more than two pages long, addressing the following:**

- What experience would you bring to the Clinical Practice Intensive
- How do you feel the Clinical Practice Intensive will support or enhance your career
- Please provide a brief description of your greatest accomplishment in the Arts in Healthcare
- Is there anything else you would like us to know about you and your work

**Please provide three references that can speak to your personal and professional attributes:**

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1. Name

Relationship

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Phone

Email

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2. Name

Relationship

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Phone

Email

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3. Name

Relationship

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Phone

Email

**Mail Form, Recommendation, Personal Statement & Resume to:**

Katherine Trapanovski University at Buffalo 103 Center for the Arts Buffalo, NY 14260-6000

**Or Fax to:** 716-645-6973 **Or Email to:** ktrap@buffalo.edu

**Questions?** Katherine Trapanovski 716-645-0891 **Website:** www.ubcfa.org

**APPLICATION DEADLINE:** May 15, 2010