



Fort Lauderdale Branch National League of American Pen Women Inc.

2024 Achievement Awards Application In the Field of Art - \$1,250

Please Print

Name of Applicant _____

Address _____

City _____ State FL Zip _____

Phone _____ EMail _____

College Program Enrolled- Session # _____

Course work you will apply award monies to _____

Requirements:

1. Woman
2. Overall 3.0 GPA or better (based on a 4.0 scale)
3. U.S. Citizen/Green Card with a valid Social Security number
4. Enrolled in an Arts Program at Broward College
5. Currently applying to or admitted to an undergraduate college seeking a degree in the Arts.

Checklist: A complete packet must include the following:

1. Completed application form with applicant's given name (Document 1)
2. Statement of Recommending Professor/Advisor/Counselor/Teacher (1 paragraph) (Document 2)
3. Write two brief paragraphs about what most influenced the choice of your major and describe a personal experience that has been especially meaningful to you. (Document 3)
4. In addition, you will need:

Art: An Electronic Portfolio of Artwork (5 pieces) which may include: paintings: oil, acrylic, watercolor, pastel; drawings: pencil, ink or graphics; sculpture; ceramics; etching; lithograph; photography; wood work or metal work. Work must have been created within the past 2 years. All work must be submitted as 300 dpi jpegs, maximum 2 MG each, save each file with Artist's Name and Work's Title, i.e., Jane Smith-Wonder.jpg.

Signature of Applicant _____

Completed Application: Deliver to Daniela Wancier, Associate Dean, Academic Affairs, Broward College

Electronic Submissions Only (pdf and jpg files only): dwancier@broward.edu

DEADLINE: Friday, March 15th, 2024

Recipient will be notified on or before March 29th, 2024

Each recipient must attend the Awards Luncheon on **Thursday, April 11th** in person at which time they will receive their "Achievement Award". The recipient is expected to exhibit 4-5 art pieces during the luncheon. Recipients may invite one special guest or family member to the awards luncheon.

For questions concerning this award contact your Dept Head.

Document 2

Statement of Recommending Professor/Advisor/Counselor/Teacher

Student Name:_____

Name of Professor/Advisor/Counselor/Teacher

Email_____

Signature of Professor/Advisor/Counselor/Teacher

Phone_____