



Robert Villamagna Jr. Memorial Scholarship

STUDENT APPLICATION
2024-25

FULL NAME:

WEST LIB ID #:

HOME ADDRESS:

Address:

City:

State: Ohio

Zip:

EMAIL ADDRESS:

PHONE NUMBER:

MAJOR:

- ☐ Visual Communication
- ☐ Art Education

I am currently a WLU art student and next academic year will be my:

- ☐ second year
- ☐ third year
- ☐ fourth year

Please explain how *Robert Villamagna Jr. Memorial Scholarship* will help you in furthering your education.

Please explain how you are planning to give back to campus and/or community through art (ex. creative workshop, education session, exhibition etc.) Share your general goals you may have for the project and what you would like to gain from the experience. Remember, the more we learn about you and your idea the better. If selected, your project must be completed by mid-term point of the second semester.

APPLICATION DEADLINE: by midnight MAY 5th of each academic year.
Selection of the recipient and notification to the winner will be completed by May 25th.
Please send completed form to prof. Martyna Matusiak: martyna.matusiak@westliberty.edu

SIGNATURE

<div></div>	<div></div>
<div>Signature</div>	<div>Date</div>

I hereby apply for *Robert Villamagna Jr. Memorial Scholarship*. I attest that the information I have submitted in this application is accurate. Further, I understand that if I should be awarded the scholarship I am obligated to use the money toward furthering my education and I understand the requirements for applying for a scholarship.

