**Silvan Durben Legacy Continuing Education Scholarship**

**Purpose of the Silvan Durben Scholarship**

By sponsoring and funding this scholarship for continuing education, the OAC affirms faith in the arts through advanced education. It is our hope that outstanding students may be helped to achieve their potential for success in their chosen arts related fields. Graduating from a Steele County High School is a requirement in granting this scholarship as determined by the selection committee. We honor the over 40 years of service by Silvan Durben to the Owatonna Art Center in the granting of this scholarship.

1. Applicants must include a self-written statement (see Student Statement below). This statement shall be limited to a single page document indicating goals, aspirations, and career related information. This is not an “essay contest,” but it will give applicants an opportunity to explain who they are and what their future aspirations may be.
2. Applicants must have been a post-secondary student for a minimum of one semester in a program of study at an accredited college, technical school, or an accepted professional program of study.
3. Applications must be postmarked, or email time stamped by midnight September 15, 2024

4. Submit an application to:

Silvan Durben Scholarship Committee

OAC

435 Garden View Lane

PO Box 134

Owatonna, MN 55060

**Student Statement - required.**

Each applicant is required to submit a short statement (one-page limit) describing future plans and goals. **Failure to submit this statement will result in disqualification**. This Student Statement must be submitted with the scholarship application.

**Qualifications**

In addition to academic data provided by the applicant, the student’s art, work history, sense of purpose, degree of self-initiative, leadership, loyalty, citizenship, and community service may be considered by the scholarship committee.

**Scholastic record.**

A copy of the applicant’s academic transcript of post-secondary education must accompany the application. A record of grades, classes, and courses of study is required. Please include a school reference for contact by the committee. **OR**

Brief Employment history **IF** you have not attended post-high school continuing education after high school graduation.

*Applications are used only by the Silvan Durben Scholarship Committee and are confidential.*

**Application: Silvan Durben Legacy Continuing Education Scholarship.**

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Applicant’s Last Name First Name Middle Name

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant phone number(s)

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip Code

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents or Guardians Address if different from above Phone

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Phone

7. List your career preferences:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. List your participation in the arts, school, community, civic, and volunteer service activities.

1. List your most outstanding achievements in the arts, academic, or other relevant areas.

1. Name, address, phone, and connection for two references.\*

**\*REQUIRED**

***(Please submit two letters of recommendation from someone who is familiar with your achievements in the arts)***

11. Provide a short statement of why you believe we should award you this scholarship.

1. Are there extraordinary or unusual extenuating circumstances that should be considered by the Scholarship Committee such as financial situation, siblings in college, prolonged illness, unemployment of parents/guardians or other circumstances? Please explain.

(Signature) (Date)

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home phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Additional pages may be added as needed for applicant response.)

Application form may be reproduced. Applications may be submitted via mail or email by the deadline date.