

Dream Pool Foundation Inc.

~ Embracing Expressions of the Soul ~

Carrie Crystal Stuckert Memorial Art Scholarship

References

Attach 2 letters of recommendation as stated in the Instructions and include the information below for both.

Name: _____

Address: _____

Position: _____ Contact Number: _____

Name: _____

Address: _____

Position: _____ Contact Number: _____

By signing this application I understand the material within the application and the process. I am aware that proof of registration is required before the Dream Pool Foundation will issue any scholarship monies. The winner will be notified directly by Alverno College and their names will be listed on the web site. Please check the web site for notable mentions or others information. I also understand that the foundation will be using personal information; such as name and institution; to list with the art submission. Dream Pool Foundation will contact the art student applying if any additional requests are needed and at that time the student can decline any further information. Thank You.

Signature

Date

Tracy A. Stuckert; President /Michael G. Stuckert; Vice-President
6240 W. Coldspring Road, Greenfield, WI 53220
(414) 763-0714

2

Dawn L. Norris; Chief Administrative Officer
4970 South 51st Street, Greenfield, WI 53220
(414)916-0728