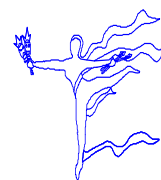


F. O. C. C. A.



2010 Visual Arts Scholarships

A "Cypress Celebrates the Arts" Program
Coordinated by the Friends of Cypress Cultural Arts

Scholarships available for
Two and Three Dimensional Art in All Media
Awards range from \$100 to \$500

SCHOLARSHIP CRITERIA

1. Cypress resident or attending school in Cypress (9-12 grade) and maintaining at least a 2.0 GPA.
2. Cypress resident, not older than 20 years of age, attending Cypress College and maintaining at least a 2.0 GPA. May be asked to show proof of Cypress residency.
3. Only one award per applicant will be given.
4. You must complete the Visual Arts Scholarship application.
5. At least **three** examples of your artwork showing a variety of medium will be accepted for viewing.
6. Scholarships must be used for artistic development. Tuition, private lessons, or the purchase of supplies are considered appropriate.
7. All scholarship winners can reapply after two (2) years.

IMPORTANT INFORMATION

- **Art Review Date:** **Saturday, April 3, 10:00 a.m. - 1:00 p.m.**, Cypress Senior Center, 9031 Grindlay Street. Please reserve this date now. You will be contacted with a specific review time to meet with judges and discuss artwork. You must bring your three examples of artwork at this time.
- Judges will evaluate composition, technique, use of values and color.
- All flat art must be matted and labeled with artist's name, phone number, medium, and grade level.
- Applicants are responsible for their artwork set-up and takedown.
- Scholarships will be presented at a reception held on Tuesday April 27, 7:00 p.m., at the Cypress Senior Center. All recipients are expected to attend.

Application Deadline:
Friday, March 19, 5:00 p.m.
(NO EXCEPTIONS)

Please read the Application Information carefully. Mail application to
FOCCA at P.O. Box 1211, Cypress, CA 90630

2010 Visual Arts Scholarship Application

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Email: _____ Grade level: _____

School You Currently Attend: _____ G.P.A.: _____

- **Art Review will be held on Saturday, April 3, from 10:00 a.m. to 1:00 p.m.** Bring at least **three** examples of artwork to the **Cypress Senior Center, 9031 Grindlay Street**. Plan on discussing artwork with the judges. Winning artwork can be picked up after the reception on **Tuesday, April 27, 7:00 p.m.** at the **Cypress Senior Center**. All recipients are expected to attend.

Please answer each question to the best of your ability. Use additional sheets as necessary.

1. My training and experience in the arts consists of the following:

2. My plans to develop my abilities further are:

3. How do you plan to use this scholarship award?

Please continue on the reverse side

2010 Visual Arts Scholarship Agreement and Waiver

Read and Sign

WAIVER, RELEASE AND INDEMNITY AGREEMENT

In exchange for participating in this activity, I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Cypress (the "City") and/or the Cypress Recreation and Park District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity. **I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.**

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys' fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet site.

By signing below, I acknowledge and represent that **I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.** No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement. **IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE,** by signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf:

Name of Participant: _____

Name of Parent/Legal Guardian, if Participant is under 18: _____

Signature: _____ Date: _____

Mail this application to:

**FOCCA Scholarships
P.O. Box 1211
Cypress, CA 90630**

Application Deadline: Friday, March 19, 5:00 p.m.