

## St John of God Health Care Visual Art Scholarship Secondary Nomination Form

### Part A: To be completed by Principal/Teacher

Name of applicant:	
School:	
Year level:	<input type="checkbox"/> Year 11
Has this student entered the 2021 Angelico Exhibition	<input type="checkbox"/> Yes
Is the student involved in any external visual art programs?	
Briefly explain how this scholarship would benefit the student.	
Requirements	<p>Applicants are required to attach:</p> <p>(i) examples of demonstrated excellence in Art. For example: sample of school reports, involvement in school exhibitions etc.</p> <p>(ii) Unframed photocopies or photographs of 2-3 artworks including their Angelico entry.</p>

<b>Principal's Consent</b>		
_____	_____	_____
Name of Principal	Signature	Date

Principal, please email this completed nomination form with attachments to  
Nikki Diodato [catholicarts@cewa.edu.au](mailto:catholicarts@cewa.edu.au)  
**by Wednesday 4 August**

**Part B: To be completed by Parent/Guardian**

St John of God Health Care would like to **exhibit artwork** from some award recipients from the Angelico Exhibition at one of the St John of God Hospitals.

I consent that my child's artwork be exhibited at a St John of God Hospital

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

St John of God Health Care have requested **contact details** of the scholarship winner to progress opportunities.

I consent to provide St John of God Health Care with my contact details.

Telephone contact: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian