TIFFANI MONIQUE JOHNSON / LOVE YOU MORE, INC.® ART SCHOLARSHIP



APPLICATION FORM

PERSONAL INFORMATION				
FULL NAME:	HOME ADDRESS:			
DATE OF BIRTH:	CITY:			
PHONE NUMBER:	STATE:			
EMAIL ADDRESS:	ZIP:			
ACADEMIC INFORMATION				
CURRENT SCHOOL/COLLEGE:	GPA:			
EXPECTED GRADUATION DATE:				
ARTISTIC BACKGROUND				
FIELD OF STUDY:				
PORTFOLIO LINK: (IF APPLICABLE)				
APPLICATION CHECKLIST				
Please ensure the following materials are included with your application:				
 Completed Application Form Portfolio of at least five original art pieces (link or attached files) Personal Statement (500-1000 words) describing your artistic journey, inspiration, and future aspirations Two Letters of Recommendation from art teachers, mentors, or professionals Official Academic Transcript 				
PERSONAL STATEMENT				

In 500-1000 words, please describe your artistic journey, your sources of inspiration, and your future aspirations in the field of visual arts.

Attach your personal statement to this application.



TIFFANI MONIQUE JOHNSON / LOVE YOU MORE, INC.® ART SCHOLARSHIP

LETTERS OF RECOMMENDATION

Please provide the contact information for two individuals who will submit letters of recommendation on your behalf:

FULL NAME:		RELATIONSHIP:	
EMAIL:			
FULL NAME:		RELATIONSHIP:	
EMAIL:			
	Email the completed application for info@loveyoumoreince "Applying for 2026 Art School	.com with the subje	ect line
	APPLICAN'	T CERTIFICATIO	N
application	rtify that all the information provide is true and accurate to the best of r . I understand that any false informa	my	SIGNATURE
result in the disqualification of my application.			DATE

CONTACT INFORMATION

For any questions or further information about the Tiffani Monique Johnson / Love You More, Inc.® Art Scholarship, please contact us:

