Application

Student		
Name:		Date:
Last	First	
Address:		Phone:
Street		
	•	Year:
Nominating Teacher	/Organization:	
Signature:		
Phone:	Ema	II:
Parent/Guardian Si	gnature:	
Phone:	E	imail:
Funds requested for		Amount:
	Student's Arts Experien	ces and Education
Please list any experi	ences and classes in the follo and/or the	owing categories of visual arts, music, dance eater
Art Classes or Exhibit	ts	
Honors/Awards		
Ensembles		
Community/Extracur	ricular	
Performances		