

# SCHOOL THROUGH THE ARTS

## Application Form

Student ID # \_\_\_\_\_  
Student Name \_\_\_\_\_  
Parents/Guardian Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Received: \_\_\_\_\_  
Interviewed: Y    N  
By: \_\_\_\_\_  
On : \_\_\_\_\_  
Accepted: Y    N

Entering Grade: (Circle One)    9    10    11    12

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

*Please answer the following questions to the best of your ability. Answer in short paragraphs. Use the back of this sheet if you need more room.*

1. Why do you wish to be a part of the School Through The Arts Program?

2. What special qualities will you bring to the STTA Program? What previous Arts experience do you have?

3. What would you like to get out of the STTA program?

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(Please do not write in this area)

Interviewer Notes: