

### GENERAL INFORMATION

Date \_\_\_\_\_

Name of Student (last name, first name) \_\_\_\_\_

Birthdate \_\_\_\_\_  Male  Female

Address (NUMBER & STREET) \_\_\_\_\_

(CITY / STATE / ZIP) \_\_\_\_\_

Day Phone (AREA CODE & #) \_\_\_\_\_ Evening Phone # (AREA CODE & #) \_\_\_\_\_

Mobile Phone (AREA CODE & #) \_\_\_\_\_

Email Address \_\_\_\_\_

Student's signature (required) \_\_\_\_\_

### EDUCATION

High school or college currently attending \_\_\_\_\_ Grade \_\_\_\_\_

School Address (NUMBER & STREET) \_\_\_\_\_

(CITY / STATE / ZIP) \_\_\_\_\_

School Phone # \_\_\_\_\_

### CONTACT INFORMATION

Parent/Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent/Guardian Day Phone (AREA CODE & #) \_\_\_\_\_ Evening Phone (AREA CODE & #) \_\_\_\_\_

Mobile Phone (AREA CODE & #) \_\_\_\_\_

Parent/Guardian's Signature (required if student is under 18) \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Day Phone (AREA CODE & #) \_\_\_\_\_ Evening Phone (AREA CODE & #) \_\_\_\_\_

Mobile Phone (AREA CODE & #) \_\_\_\_\_

### REFERENCES

Please list two references from individuals who are not related to you. One must be from your high school art teacher and preferably one more teacher, counselor, or school administrator.

1. Name \_\_\_\_\_ Title/Work Place \_\_\_\_\_

Phone (AREA CODE & #) \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Title/Work Place \_\_\_\_\_

Phone (AREA CODE & #) \_\_\_\_\_ Email \_\_\_\_\_

**HIGH SCHOOL or COLLEGE ART CURRICULUM**

List all art classes you completed in high school or college, plus any art classes you are currently taking.

**ART ACTIVITIES & HONORS**—List art activities (not classes) in which you have participated since Grade 9 (clubs, summer programs, internships, exhibits, awards, etc.)

**PERSONAL STATEMENT** *(additional page may be added if you need more space)*

The BBAC’s *ArtBridge* Program is for the serious art student who wants to develop the skills, ability and actual portfolio for admission and scholarships to art colleges and university art departments. If accepted in the program, you must commit and participate to the fullest extent of your ability. Briefly describe why you want to participate in *ArtBridge*, and why you feel it would benefit your educational and career goals.

**ARTWORK**

Submit one sample of your artwork that best represents your artistic ability. Please do not send original works of art. Only digital images, slides, or photos are accepted.

**MAIL OR FAX COMPLETED APPLICATION TO:**

Susan Owens, Youth Programs Director  
**Birmingham Bloomfield Art Center, 1516 S. Cranbrook Rd., Birmingham MI 48009**  
Fax: 248.644.7904

Receipt of application will be confirmed by email or phone.  
If you have not received confirmation within 10 days, please contact Susan Owens (see below).

**QUESTIONS?**

Susan Owens ..... 248.644.0866 x 128 ..... SusanOwens@BBArtCenter.org

