# Advanced Academy Form

Please use a separate Advamced Academy Form for each applicant (this form may be photocopied). Complete this form and return with regiatration form to:

**Summer Arts** @ the Museum
University of Virginia Art Museum
PO Box 400119
Charlottesville, VA 22904-4119

**For more information**
tel 434.243.2050
email summerarts@virginia.edu
web **www.virginia.edu/artmuseum**

## For Academy Applicants

Applicants Name _____ Nickname/Preferred name _____

Please list two individuals who can support the student's interest in art. Recommended sources are art teachers, community leaders, or mentors. These persons should not be related to the applicant.

1.

Name _____ Title _____

School/organization _____

Phone _____ Email _____

2.

Name _____ Title _____

School/organization _____

Phone _____ Email _____

Describe your interests in art. Include any experiences you've enjoyed while creating art or participating in art activities These experiences could be based on working with people or the materials and processes involved in art making.