

# 2009 FALL OUTREACH PROGRAM APPLICATION

A free art program for high school students grades 11 and 12.

THE COOPER UNION  
SATURDAY OUTREACH  
PROGRAM

30 Cooper Square 6FL,  
New York, NY 10003  
212 353 4202

**PLEASE PRINT CLEARLY**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT NO. \_\_\_\_\_  
CITY / STATE / ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
AGE \_\_\_\_\_ GENDER **FEMALE** **MALE**

For your safety, please list any medical condition we should be aware of,  
or any medication you may be taking.

FULL HIGH SCHOOL NAME \_\_\_\_\_  
BOROUGH \_\_\_\_\_ TYPE OF SCHOOL **PUBLIC** **PRIVATE**  
CURRENT YEAR IN HIGH SCHOOL **11** **12**  
GRADUATING DATE \_\_\_\_\_  
HIGH SCHOOL ART TEACHER(S) \_\_\_\_\_  
ADDITIONAL ART STUDY BEYOND HIGH SCHOOL CLASSES \_\_\_\_\_

MAJOR INTEREST \_\_\_\_\_

Have you attended...  **THE SATURDAY PROGRAM** CLASSES \_\_\_\_\_ WHEN \_\_\_\_\_  
 **THE OUTREACH PROGRAM** CLASSES \_\_\_\_\_ WHEN \_\_\_\_\_

Do you plan to attend Art School? **YES** **NO** **UNDECIDED**  
Do you plan to apply to The Cooper Union? **YES** **NO** **UNDECIDED**  
Did a Cooper Outreach representative visit your school? **YES** **NO**

Which are you interested in taking?  
 **PRINTMAKING AND DRAWING** JUNE 29—AUGUST 12  
 **PHOTOGRAPHY AND DRAWING** JULY 13—AUGUST 12

What is your ethnic background? You are not obliged to answer this question. Answers are voluntary and confidential and have no influence on admission.

Do you have any other obligations which could conflict with your being able to attend the Outreach Program?

Briefly explain why you would like to participate in The Cooper Union High School Art Program (you may continue on the back of this page).

Where did you hear about our program?

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE BRING YOUR PORTFOLIO WITH THIS FORM ON SEPTEMBER 19TH BETWEEN 10AM - 2PM.**