

2008 WINTER PORFOLIO WORKSHOP APPLICATION

A free art program for high school seniors.

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 **10** **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 colleges are you applying to?

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.

Where did you hear about our program?

SIGNATURE _____

DATE _____

PLEASE BRING YOUR PORTFOLIO WITH THIS FORM ON DECEMBER 6, BETWEEN 10AM - 5PM.