

## STUDENT APPLICATION

Please send this form by mail, fax or email to:  
Gallery Aferro PO Box 5668 Newark NJ 07105  
Fax 862 902 1684 Email info@aferro.org. Call  
973 353 9533 or email with any questions.

Form is due by February 17, 2012. If accepted, you will  
be invited to bring your portfolio/any examples of art you  
have made to an orientation on March 3 at Gallery Aferro.  
You will need to be able to attend Saturday workshops.

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
High School: \_\_\_\_\_  
Grade Level: \_\_\_\_\_  
Parent or guardian: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Other Emergency Contact Name/Number: \_\_\_\_\_  
\_\_\_\_\_

Please briefly describe why you would like to participate  
in the Identity Blueprint Program in no less than 50  
words. Use the back of this form if you need more room.

How did you hear about this program?

Please have your art teacher fill out this section if they  
recommended you.

Teacher's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_