



**MOUNT VERNON HIGH SCHOOL  
FINE ARTS ACADEMY  
APPLICATION**



*Where Students Are As Unique As The Art They Create*

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home School \_\_\_\_\_ G.P.A. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Area of Study \_\_\_\_\_

**\*Please complete application questions on the back.**

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**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Parent/Guardian Signature**

# APPLICANT QUESTIONNAIRE

1. What is your time preference for Fine Arts Academy attendance?

Full Day (8:05 – 3:05) \_\_\_\_\_

Morning (8:05 – 11:05) \_\_\_\_\_

Afternoon (12:00 – 3:05) \_\_\_\_\_

2. Why are you applying for admission to the Mount Vernon High School Fine Arts Academy Program?

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3. What area(s) in the arts are you interested in studying? Why?

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4. What experiences have you had relating to your chosen course of study?

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5. What do you hope to gain from your participation in this program?

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Attach additional pages if necessary

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Please submit completed application and transcript to:

**Mount Vernon High School  
Fine Arts Academy  
700 Harriett Street  
Mount Vernon, IN 47620  
812-838-4356  
www.mvhsfinearts.com**