Pre-College Summer Studio Application

INSTRUCTIONS

Please contact the Continuing Education Office with any questions at precollege@smfa.edu, 617-369-3636 or 617-369-3644. Fill out all pages of the application form and submit it with all required items (see checklist below and smfa.edu/precollege for details). **Mail or fax application to: School of the Museum of Fine Arts, Boston, Admissions Office, 230 The Fenway, Boston, MA 02115. Fax: 617-369-4264.**

REQUIREMENTS

Program type:

- ☐ 5-Week Residential
- ☐ 3-Week Residential
- ☐ 5-Week Commuter*
- ☐ 3-Week Commuter*

Checklist of requirements:

- ☐ Application
- ☐ Letter of recommendation
- ☐ Essay
- ☐ Portfolio
- ☐ Application fee $50

*Commuter: Student is responsible for securing all aspects of housing during program attendance.

STUDENT INFORMATION

Name: _____
First Middle Last

Social Security #: _____ Date of birth: _____ (mm/dd/yy) Gender: _____ (M/F)

Email: _____

Phone: _____
Daytime phone Evening phone Cell phone

Student mailing address: _____

_____
City State ZIP code Country

PARENT OR GUARDIAN INFORMATION

Name: _____

Email: _____

Phone: _____
Daytime phone Evening phone Cell phone

Parent/Guardian mailing address: _____

_____
City State ZIP code Country

PARENT OR GUARDIAN SIGNATURE

By signing I declare that I have read and understood the enclosed application materials.

Signature: _____ Date: _____

STUDENT PROFILE

Are you a U.S. citizen? ☐ Yes ☐ No

Are you considering other programs? ☐ Yes ☐ No

If so, what programs? _____

Will you be applying for a need- or merit-based scholarship? ☐ Yes ☐ No

The following is optional and for statistical purposes only:

Are you Hispanic/Latino? ☐ Yes ☐ No

Regardless of your answer above, please select one or more of the following ethnicities that best describe you:

☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American ☐ White

EDUCATION

Name of high school: _____ City: _____ State: _____

Date of graduation: _____ Primary art teacher name: _____

How did you learn about the Pre-College Summer Studio (Please check all that apply)?

☐ My art teacher ☐ Mailing from SMFA ☐ Friend ☐ Summer opportunities fair

☐ SMFA website ☐ Web search ☐ Advertisement in magazine

☐ Other (please specify): _____

INTERNATIONAL APPLICANTS

If you are not a U.S. citizen, what citizenship do you have? _____

What type of visa do you now hold? Please check one:

☐ Permanent resident ☐ Student visa ☐ F-1 refugee ☐ Visitor visa ☐ None

☐ Other (please specify): _____

Is English your second language (check one)? ☐ Yes ☐ No

Date of TOEFL test taken: _____ or, date TOEFL will be taken: _____

Your TOEFL score: _____

Did you take the paper test, computer test or internet-based test? _____

APPLICATION FEE

A $50 nonrefundable application fee is due with the application.

Method of payment (check one):

☐ MasterCard ☐ VISA ☐ Check (payable to SMFA) ☐ Money order (payable to SMFA) ☐ Cash

I authorize the charging of $50 to: _____

Card number Expiration date 3-Digit security code (alongside signature on back)

Daytime phone: _____ Billing ZIP: _____

Cardholder name: _____ Cardholder signature: _____

PORTFOLIO

☐ My portfolio is enclosed, and all materials are clearly marked with my name.

☐ My portfolio will follow under separate cover.

FOR OFFICE USE ONLY

Processed _____ Class List _____ Entered By _____ Confirmed _____

Deposit Received _____ Receipt _____ Balance _____ Received _____ Receipt _____ Refund Due _____