



Community Arts Program Teen Advisory Council Application

Send this form **along with your high school transcript and 2 letters of recommendation** to:

Jennifer Barron
Community Arts Program Director
(Please note: submission of this application does not guarantee placement)

Name (please print): _____

Phone:
(day) _____ (home) _____
(mobile) _____

E-mail _____

Home
Address: _____

City: _____ State: _____ Zip: _____

High School: _____

Parent/Guardian Name _____

Phone:
(day) _____ (home) _____
(mobile) _____ Fax _____

E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Please submit your transcript and letters of recommendation along with this application form.

