MFAH Glassell Junior School of Art

2020 PORTFOLIO APPLICATION FORM

Fill Out Completely

Student Name (First and Last)		Date of Birth (Month / Day / Year)
Age as of September 2020		Grade Level in Fall 2020
Street Address / Apt. # / City / State / 2	Zip	
Parent/Guardian Name	Phone (Area Code and Number)	Email
School Attending in Fall 2020		School District
Currently enrolled in the Glassell Ju	nior School? □ Yes □ No	
If yes, do you have a scholarship?	☐ Yes ☐ No	
	e in fall 2020 and would like to be considered for the out the APP program at mfah.org/juniorschool.)	

*This form must be accompanied by a CD or flash drive with 8–10 good quality images of your most recent work.