

Young Artist Program Application

Applicant Information						
Full Name:				Date:		
	Last	First	М.І.			
Address:	Street Address			Apartment/Unit #		
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	City		State	ZIP Code		
Phone:		Email_				
Parent or Guardian:						
	Last	First	M.I.	Date:		
School:		Grade:				
Date of Birt	h:					
Why do you	want to attend the You	ng Artist Program at Baker Hu	nt?			

Who are your 3 favorite artists and why?	
What would you like to learn during this program?	

Student Signature		Date	
Parent or Guardian Signature		Date	_

Please Submit 2-3 examples of your work digitally with this application to:

Hunter Fleury
Baker Hunt Art and Cultural Center
620 Greenup Street
Covington, KY 41011
hunter@bakerhunt.org
859-431-0020