

MADISON FINE ARTS ACADEMY



Applicant's Name: _____

Age: _____ Graduation Year: _____ Email: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Email: _____

Is the applicant currently enrolled in a Madison Consolidated School? Yes OR No

What school is the applicant currently attending? _____

In which Fine Arts Academy track is the applicant interested? *Check all that apply.*

Visual Arts Vocal Music Instrumental Music Theatre

What fine arts training, activities, or organizations does the applicant participate currently or in the recent past?

Please describe why you should be admitted to the MCHS Fine Arts Academy.

Applicant Signature

Parent/Guardian Signature

Date