

This application is for:	<input type="checkbox"/> Associate Degree Program <input type="checkbox"/> Bachelors Degree Program <input type="checkbox"/> First Year <input type="checkbox"/> Transfer <input type="checkbox"/> Certificate Program
Applicant Information	
Name (last, first, MI)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	
Date of Birth	
Current Address	
Street	
City, State, Zip	
Phone number	
Applicant's Education	
High School	
Street Address	
City, State, Zip	
CEEB Code	
Date of Graduation	
Additional Education	Please list any schooling beyond high school, including school names and addresses, attendance dates, and degrees received.
Parents' Information	
Name(s), (last, first)	
Street address	
City, State, Zip	
Phone number	
For Office Use Only	<input type="checkbox"/> Fee received <input type="checkbox"/> Form complete <input type="checkbox"/> Essay <input type="checkbox"/> Transcripts <input type="checkbox"/> Recommendations <input type="checkbox"/> Portfolio received <input type="checkbox"/> Portfolio returned <input type="checkbox"/> Letter sent

I certify that the information given is accurate and complete. I understand that this application and my admission record are confidential.

Signature _____

Please complete this form and mail it with the other required application materials to the address below.

Heartwood College of Art / 123 York Street, Kennebunk, ME 04043 / 207.985.0985 / www.heartwoodcollegeofart.org