

SPRINGFIELD OLD CAPITOL ART FAIR 2017 HIGH SCHOOL SENIORS ART AWARD APPLICATION



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SOCAF.ORG

PLEASE TYPE OR PRINT NEATLY

NAME: _____ GRADUATION YEAR: _____

SIGNATURE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

HIGH SCHOOL: _____ SCHOOL PHONE: _____

ART INSTRUCTOR: _____

NUMBER OF ITEMS IN PORTFOLIO: _____

BRIEF EXPLANATION OF YOUR ARTWORK PROCESS/INSPIRATION/DESIGN/ETC.:

HOW WOULD YOU USE THIS AWARD?: