

SINTE GLESKA UNIVERSITY ART INSTITUTE - APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

AGE: _____ DATE OF BIRTH: _____

TRIBAL AFFILIATION: _____

ARE YOU CURRENTLY ENROLLED AT SINTE GLESKA? YES _____ NO _____

STUDENT IDENTIFICATION NUMBER (SS#): _____

LIST PREVIOUS COLLEGE/UNIVERSITY EXPERIENCE (IF ANY): _____

WHAT IS YOUR FINANCIAL AID STATUS? _____

WRITE A SHORT STATEMENT ABOUT WHAT YOUR ART MEANS TO YOU (YOUR PHILOSOPHY) AND YOUR REASON(S) FOR WANTING TO BE IN THE ART INSTITUTE PROGRAM: