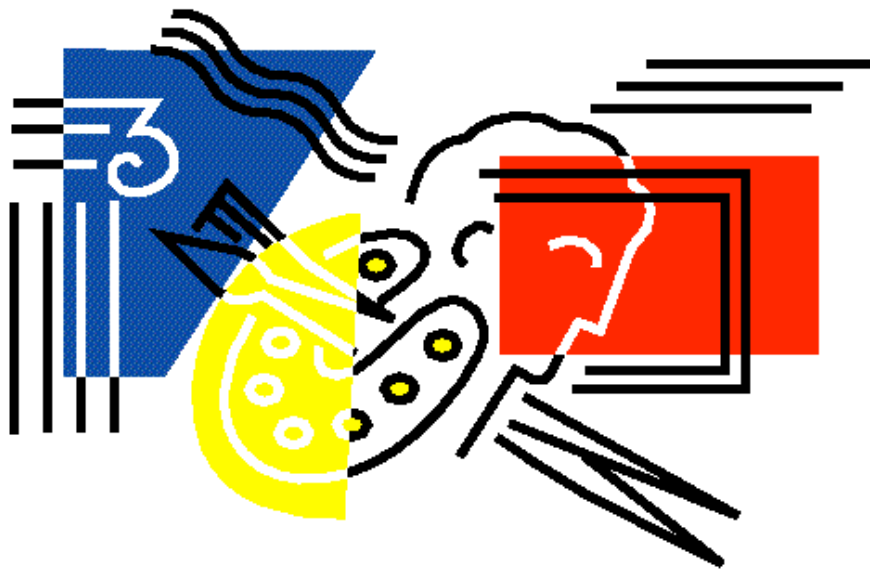


The James A. Jaques & Rosemary M. Jaques Student Art Gallery Competition



Application Form



P. O. Box 383273 • Germantown TN 38138 • www.scsef.com • info@scsef.com



Student Information:

Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

Home Address: _____ **Phone:** _____

Parent(s) or Guardian(s): _____

School Information:

Courses completed in Art:

Current Art Course: _____

Teacher: _____

Background Information:

Art interests/activities outside school:

Areas of Special Interest (Favorite Media):



*The Jacques Students Art
Gallery Competition*

Future Plans To Pursue Art Interests:

Career Goals:

Description of work submitted with this application.

Date completed: _____

Title: _____

Media: _____

Why this work was selected for submission:

Description of work:



