



COLLEGE of CHARLESTON

DEPARTMENT OF
STUDIO ART

SCHOOL OF THE ARTS PERFORMANCE AWARD FOR STUDIO ART APPLICATION FORM

Date: _____

STUDENT INFORMATION

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit#*

_____ *City* _____ *State* _____ *Zip Code*

Phone: _____ Email: _____

HIGH SCHOOL INFORMATION

High School Name: _____

High School City: _____ High School State: _____

High School GPA (weighted): _____ High School GPA (unweighted): _____

SAT or ACT Score: _____ High School Graduation Month/Year: _____

APPLICATION ACKNOWLEDGEMENT

- I affirm that I plan to pursue a degree in Studio Art at the College of Charleston.
- I affirm that the information on this application is true and accurate to the best of my knowledge and belief.
- I understand that my high school transcript, as submitted with my College of Charleston application, will be considered by the award committee.

To acknowledge the above please type full legal name below:

Full Legal Name: _____ Date: _____