



MILWAUKEE ART MUSEUM

Satellite High School Program 2010—Application

Wednesdays, 2-3:30pm | Sep 15–Dec 15, 2010

I. YOU

Student's Name _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail _____

Emergency Contact Name _____ Phone Number _____

Parent/Guardian's Signature granting permission for student to participate in this off-school-campus program

Signature **Date** _____

II. YOUR SCHOOL

School Attending _____

School Address _____

City _____ State _____ Zip Code _____

Grade Level for 2010-11 School Year 11 12

Teacher Sponsorship granting permission for student to participate in this off-school-campus program

Teacher Name _____ **Subject** _____

Phone _____ Email _____

Signature **Date** _____

III. YOUR SPACE In addition to completing the above application, on a separate piece of paper, tell or show us why you want to be a part of the Satellite High School Program. It doesn't have to be an essay (although it can be); feel free to draw, write a poem, link us to a YouTube video you have made answering this question, or otherwise creatively express why you'd like to attend.

APPLICATIONS DUE: Mon, Sept 6, 2010 (teacher notified by Sept 10)

Please send your completed application to:

Chelsea Kelly
School and Teacher Programs Manager
Milwaukee Art Museum
700 N. Art Museum Drive
Milwaukee, WI 53202
Fax: (414) 224-7588

If you have any questions about this application or the program, please do not hesitate to contact the School and Teacher Programs Manager:

Chelsea Kelly
Phone: (414) 224-3827
Email: chelsea.kelly@mam.org