



MILWAUKEE ART MUSEUM

Satellite High School Program 2009-2010 Student Application

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's Address _____

City _____ State _____ Zip Code _____

Grade Level for 2009-10 School Year 11 12

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

Teacher Name _____ **Subject** _____

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; 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.

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