Comp	neted					Due Date:
		AGS Student Appl	lication (Checkli	ist	
Name	:					
	First	Middle			Last	
Conta	act Information					
Email Address:			Phone/Cell:			
Stude	ent Application Informat	ion				
Ethnic	city: (more than one box n	nay be checked)				
	Asian					
	African American					
	Hispanic					
	Middle Eastern					
	Native American/Alaska	an				
	Native Hawaiian/Pacific	Slander				
	White					
	I (1 st Choice):					
	Teacher Recommendation			No		
	Confirmed online teacher			Yes		Date:
4.	If Fine Arts, name of pe	rson reviewing audition v	ideo:			
	a. Confirmed audit	ion video submission:	Yes	No	URL:	
Area]	I (2 nd Choice):					
1.	Teacher Recommendation	on (name of teacher):				
2.		on (requested by student):		No		
3.		er recommendation submi		Yes		Date:
		ion video submission:	Yes	No		
Onlin	e Student Application Sub	omitted: Yes No	Date:_			
Couns	selor Information					
Name:						
Phone	:					
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