



Krasl 2D Artist Guild Application

Complete application and submit to the Krasl Art Center, attn: Education Department. 707 Lake Blvd., Saint Joseph, MI 49085 OR email to education@krasl.org. **PLEASE PRINT LEGIBLY**

TODAY'S DATE: _____

NAME: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____

What classes (if any) have you completed at the KAC?

Class: _____ Instructor: _____ Year Completed: _____

Class: _____ Instructor: _____ Year Completed: _____

Class: _____ Instructor: _____ Year Completed: _____

Class: _____ Instructor: _____ Year Completed: _____

What other art programs or courses have you completed?

High School: _____ Year Completed: _____

College or higher education: _____ Year Completed: _____

Other _____ Year Completed: _____

For college or other instruction, briefly list the content of the classes and where they were taken:

What is your primary medium/media?

How many hours per week do you plan to use the studio? _____

Please provide 2 references who are familiar with your artistic practice:

Name: _____ Position: _____

Phone: _____ Email: _____

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Phone: _____ Email: _____

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