



**2019-2020 BMA TEEN PROGRAM REGISTRATION**

What is your name? \_\_\_\_\_

What grade are you in? (please check one) 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

How old are you? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What is your home address? \_\_\_\_\_

\_\_\_\_\_

What is your email address? \_\_\_\_\_

What is your phone number? \_\_\_\_\_

Is this phone number yours alone or is a parent/guardian/family line? (please check one)

Mine alone \_\_\_\_\_ Parent/Guardian/Family Line \_\_\_\_\_

What is the best way to be in contact with you? (please check one)

\_\_\_\_\_ Phone call

\_\_\_\_\_ Text

\_\_\_\_\_ Email

**Why are you interested in participating in the BMA teen program?**

**Please share a time when you experienced a serious challenge and found a way to overcome that challenge.**

Please provide two (2) references.

1. Name \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Phone # \_\_\_\_\_
2. Name \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Phone # \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

If you are under 18 years old, please have your parent or guardian provide their name, signature, and contact information:

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Please send the completed application to Elizabeth Benskin, Director of Teaching and Learning, by **August 1, 2019**. Send any questions to [ebenskin@artbma.org](mailto:ebenskin@artbma.org).

**Applications can be submitted via:**

Email: [ebenskin@artbma.org](mailto:ebenskin@artbma.org)

Fax: 443.573.1582

Mail: Elizabeth Benskin, Director of Teaching and Learning

The Baltimore Museum of Art

10 Art Museum Drive

Baltimore, MD 21218