



**For Office Use**

\_\_\_\_\_ Semester

\_\_\_\_\_ Year

\_\_\_\_\_ Status

**Application for  
St. John School of the Arts  
Fellowship Study Program**

**STUDENT NAME:**

**SCHOOL AND AGE (if applicable):**

**PHONE:**

**CLASSES CURRENTLY TAKING AT THE ARTS SCHOOL:  
(PLEASE PROVIDE NUMBER OF YEARS WITH EACH CLASS)**

**AVAILABLE HOURS:**

**LIST SPECIAL TALENTS OR ABILITIES THAT MAY BE USED AS  
PART OF THE FELLOWSHIP-STUDY:**

**DO YOU HAVE ANY DISABILITIES THAT MAY LIMIT YOUR  
PERFORMANCE IN THIS PROGRAM:**

**TELL US WHY YOU WISH TO BE A PART OF THIS FELLOWSHIP-  
STUDY PROGRAM:**