

RESUME

Name: _____

Street address _____

City, State and Zip Code _____

Telephone number _____ Current Grade _____

Objective:
Why do you want
to attend SCPA?

Education:

Elementary: _____

Middle: _____

Experience:

Write the name of experience, etc. in this column. _____ Date or grade _____

Arts Training
(include
classes,
performances,
exhibitions,
etc.),

Activities,

**Volunteer
Work**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Awards:
