RESUME

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone #: _____ 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: _____

_____

_____

_____