

APPLICATION FOR THE KURT LATTIMER ASPIRING ARTIST AWARD

Student Name: _____

DOB: _____

Parent/Guardian: _____

School: _____ Instructor: _____

Contact Home/Mobile#: _____ / _____

Email: Student/Instructor: _____ / _____

Title of Work: _____

Brief Description of Work: _____

Please fill out this form and tape securely to the back of your artwork before submitting. If you have questions, text or call Kim: (740) 506-2198.