



MASTERS SCHOOL OF ART
Christian Center for the Arts

College Program – Student Application

Thursday Friday Date:

Student Name: Date of Birth:

Email Address

Home Phone #: Cell Phone #:

Address:

Church Affiliation:

Parent's Name(s): (if under 21)

Parent's Home Phone #: Cell Phone #:

What hours will student be attending? (circle all that applies)
1st period 9:00am - 10:10am
2nd period 10:15am - 11:10am
3rd period 12:15pm - 1:10pm
4th period 1:15pm - 2:10pm
5th period 2:15pm - 3:10pm

Registration for Term (check one):

Fall & Spring Combined (Full Year Reg. Fee: \$60)
Fall Term (Reg. Fee: \$35)
Spring Term (Reg. Fee: \$35)

The non-refundable registration fee is due with your application.

Interested in working toward: Teacher Certification Certificate of Mastery

Field(s) of interest:

Previous Art Education (classes taken in high school, college, workshops, etc.):

How did you hear about MSOA?

Please make checks payable to Masters School of Art, and mail Application, Medical Release Form, Agreement Form, and check to: Masters School of Art/PO Box 82/Clackamas, OR 97015