



Academy of Classical Design

Application

Name _____ Date _____

Address _____

City, State, Zip _____

Phone Number _____ Date of Birth _____

E-mail _____

Planned Length of Study at the Academy of Classical Design _____

School Presently Attending: _____

When do you plan to begin your studies at the Academy of Classical Design:

- | | |
|--|---|
| <input type="checkbox"/> Winter Quarter | <input type="checkbox"/> Spring Quarter |
| <input type="checkbox"/> Summer Quarter | <input type="checkbox"/> Fall Quarter |
| <input type="checkbox"/> Summer Program* | <input type="checkbox"/> Ornament Program |

*The Summer Program is a six week period of study. The Summer Quarter begins in July and is part of our full-time yearlong, curriculum.

Please briefly describe your artistic background, if any _____

Please describe in a few sentences what you would like to achieve here _____

How did you hear about our program? _____

Please send completed application, your \$30 application fee, and 3 to 5 reproductions of your best drawings or paintings by email or post to:

116 NW Broad Street
Southern Pines, NC 28387
administrator@academyofclassicaldesign.org
910-692-9743

Applicants will be contacted by email upon receipt of this application, and may be encouraged to visit the school for an interview if possible. A non-refundable deposit of US \$500 (check or money order) is required upon acceptance. The balance is due by the fifth day of each quarter which is refundable within the first 10 days of each quarter.

The Academy does not discriminate on the basis of race, color, religion, national origin, disability, gender or age in the administration of its educational policies, admission policies, employment, and all other Academy activities.