**APPLICATION for PROGRAM ADMISSION**

**Paier College of Art Incorporated**
20 Gorham Avenue
Hamden, Connecticut 06514
(203) 287-3031
www.paiercollegeofart.edu

<table>
<thead>
<tr>
<th>Applying for entrance in:</th>
<th>Fall 2019</th>
<th>Spring 2019</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>First (please print or type)</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
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<tr>
<th>Mailing Address:</th>
<th>Number &amp; Street</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<table>
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<tr>
<th>E-mail Address</th>
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<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Home: Area Code Number</th>
<th>Cell Phone: Area Code Number</th>
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<tr>
<th>Date of Birth:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Birthplace</th>
<th>Social Security Number</th>
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<tr>
<th>Citizen of:</th>
<th>(Country)</th>
<th>Do you hold a current visa?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>If yes, indicate type</th>
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<tr>
<th>Parents/Guardian:</th>
<th>Father’s Name</th>
<th>Address, if different from yours</th>
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<tr>
<th>Home: Area Code Number</th>
<th>Business or Cell Phone: Area Code Number</th>
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<table>
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<tr>
<th>Mother’s Name</th>
<th>Address, if different from yours</th>
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<tr>
<th>Home: Area Code Number</th>
<th>Business or Cell Phone: Area Code Number</th>
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<tr>
<th>Guardian’s Name</th>
<th>Address, if different from yours</th>
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<tr>
<th>Home: Area Code Number</th>
<th>Business or Cell Phone: Area Code Number</th>
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<table>
<thead>
<tr>
<th>Spouse:</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
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<thead>
<tr>
<th>Home: Area Code Number</th>
<th>Business or Cell Phone: Area Code Number</th>
</tr>
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(Please do not write in this space)

Date
Receipt No.
Fee
Major Interest:

Bachelor of Fine Arts Degree in:
- □ Fine Arts
- □ Graphic Design
- □ Illustration
- □ Interior Design
- □ Photography

Associate of Fine Arts Degree in:
- □ Photography

Diploma in:
- □ Fine Arts
- □ Graphic Design
- □ Illustration
- □ Interior Design
- □ Photography

Certificate Program in:
- □ Graphic Production
- □ Interior Design
- □ Portrait & Figure Painting
- □ Sharp Focus/Trompe L’Oeil Painting
- □ Undecided:

Please indicate proposed sources of funds for your College expenses:
- □ Benefits
- □ Loans
- □ Federal
- □ State
- □ Self
- □ Parents
- □ Social Security
- □ Spouse
- □ Rehabilitation
- □ Other: (specify)

Education:

High School

Dates Attended from ________ to ________  Diploma □ Yes □ No

If no, please indicate: Equivalency Diploma (GED) □ Yes □ No

College/Post-Secondary

Dates attended from ________ to ________  Diploma □ Degree □ Other

College/Post-Secondary

Dates attended from ________ to ________  Diploma □ Degree □ Other

College/Post-Secondary

Dates attended from ________ to ________  Diploma □ Degree □ Other

College/Post-Secondary

Dates attended from ________ to ________  Diploma □ Degree □ Other
Additional Information
List art related activities such as work, extra-curricular activities, private lessons, projects, exhibitions, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate the reasons for your choice of study.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you need the College’s help to locate housing?  □ Yes  □ No.  If yes, what kind of accommodations?

Is there anything else you care to tell us about yourself?  □ Yes  □ No.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

From what source did you learn of Paier College of Art?
□ Art Teacher  □ Guidance Counselor  □ Catalog  □ Professional Artist
□ Friend  □ Magazine  □ Newspaper  □ Radio  □ TV  □ Internet
□ Career Day  □ College Fair  □ Peterson’s Guide  □ Telephone Book
□ Other:  (specify)
TO ALL APPLICANTS:

Your application file will be incomplete and will not be considered until you:

1. Complete and submit this application with the $25.00 non-refundable application fee.
2. Submit an official transcript) of grades from each school/college listed in the application.
3. Submit two letters of recommendation. One from an educator, or other professional who knows your creativity and art skills, the other recommendation should refer to your academic ability and other attributes (e.g., character, community interests, activities, etc.).
4. During your scheduled interview, submit a portfolio that represents original art including examples of interpretive and representational creations.
5. Submit the scores of either the SAT or ACT (if applying to a degree program.)
6. Arrange with the Admissions Office for a personal interview, or if too distant, consult for alternative arrangements.
7. Send the attached Measles/Mumps/Rubella/Varicella (MMRV) Immunization Request Form to the High School or the Post-Secondary School you last attended, or to your physician. Then have your MMRV Immunization Records sent to our Admissions Office.

NOTICE:

The information below is optional. The Connecticut Department of Higher Education requires the College to identify all students by race/ethnicity. (Federal Register, Volume 72, Number 202).*

Are you a Hispanic/Latino? □ Yes □ No.

If you answer no to the above question: Which best describes your race/ethnicity? (select one or more options)

□ Alaskan Indian or Alaska Native □ Asian □ Black or African American

□ Native Hawaiian or Other Pacific Islander □ White

In consideration of the undertaking by Paier College of Art, Incorporated to process this application, the undersigned agrees that any information furnished to Paier College of Art, Incorporated, at any time and regardless of whether or not the candidate is accepted as a student at Paier College of Art, Incorporated, including all information and materials of any kind received by Paier College of Art, Incorporated from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone including the undersigned, except that an authorized official of Paier College of Art, Incorporated may in his/her discretion for official purposes, disclose all or any part thereof to such person or persons as he/she may deem advisable.

I hereby apply for admission to Paier College of Art, Incorporated and affirm that, to the best of my knowledge, the information supplied in this application is true.

Your Signature: ________________________________ Date: ___________________________

Parent’s (Guardian’s) Signature: ________________________________ Date: ___________________________
(if applicant is under legal age)

*Paier College of Art admits students regardless of race, religion, gender, sexual orientation, disability, ethnic or cultural origination, and age to all the rights, privileges, programs, activities generally accorded to students of the College. Also, the College does not discriminate on the basis of the above characteristics in the administration of its educational policies, admissions policies, scholarships and loan programs, or any other College-administered programs.

revised: 07/14/10 M8
In order to minimize both the school and state-wide health impact of measles, the Connecticut Legislature passed SHB 7171 AAC Proof of Immunization Against Measles, Mumps, Rubella, and Varicella for Certain Persons at Institutions of Higher Education. This bill became effective July 1, 1989. This law states that if an individual was born after December 31, 1956, and enrolls as a part-time or full-time matriculated student at an institution of higher education in Connecticut, the individual must present either a certificate of immunization against measles, mumps, rubella and varicella, or laboratory evidence demonstrating said immunity. Students will not be permitted to register without proper State immunization documentation.

Exemptions to this requirement include:
- Individuals born before January 1, 1957 for MMR vaccine,
- Individuals born before January 1, 1980 for Varicella vaccine,
- Laboratory confirmation of immunity to such disease,
- Documentation from a physician stating that the student is medically contraindicated from receiving such vaccine,
- Documentation from the student that such immunization is contrary to his/her religious beliefs,
- Documentation from a physician or director of health that the student has had a confirmed case of such disease,
- Students who graduated from a Connecticut high school in 1999 or later and were not exempt from MMR vaccinations,

Adequate Immunization:
A. Measles: Two doses of measles vaccine administered at least one month apart. The second dose must have been given after January 1, 1980.
B. Mumps.
C. Rubella (German Measles): One dose of rubella vaccine, administered after the student’s first birthday.
C. Varicella (Chicken Pox): Two doses at least 28 days apart or provide certification from physician that student has had this disease.

Any student not showing necessary proof of immunization or verification of exemption from immunizations, will not be allowed to register.

Please print the information requested and sign at the bottom. Send this form to the High School, or Post-Secondary School, you last attended; or your Physician. Then send the Immunization records to the College Admissions Office: Paier College of Art, Incorporated, 20 Gorham Avenue, Hamden, CT 06514-3902.

(or you may send these records by FAX: 203-287-3021)