



APPLICATION

School _____

Date _____

Nominated Student's Name _____

Grade _____

Name of Nominating Teacher _____

Nominating Teacher Email and Phone Number _____

Please explain why you think this child would be a good candidate for an art class or camp at the La Grange Art League.

Please return this application to: La Grange Art League Gallery
122 Calendar Avenue,
La Grange, IL 60525

Your application will be reviewed at our monthly meetings (the second Wednesday of each month) and we will reply with a letter for your student and their family when accepted into the program.

Thank you for taking part of this program and we look forward to working with you in the future.

