

**The Fabric Workshop and Museum**  
**HIGH SCHOOL APPRENTICE TRAINING PROGRAM**  
**Application**

Date of Application: <input style="width: 100%;" type="text"/>	Semester applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Date of Birth: <input style="width: 100%;" type="text"/>
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**PERSONAL INFORMATION**

Name:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
City and State:	<input style="width: 80%;" type="text"/>		Zip: <input style="width: 20%;" type="text"/>
Home Phone:	<input style="width: 80%;" type="text"/>		Email: <input style="width: 20%;" type="text"/>
High School:	<input style="width: 80%;" type="text"/>		Graduation Date: <input style="width: 20%;" type="text"/>
Art Teacher / Guidance Counselor:	<input style="width: 80%;" type="text"/>		School Phone: <input style="width: 20%;" type="text"/>
Previous Art Experience:	<input style="width: 100%;" type="text"/>		
Materials Used:	<input style="width: 100%;" type="text"/>		
Extracurricular Activities:	<input style="width: 100%;" type="text"/>		

**WORK EXPERIENCE**

Employer:	<input style="width: 80%;" type="text"/>		Phone: <input style="width: 20%;" type="text"/>
Dates of Employment:	<input style="width: 100%;" type="text"/>		
Personal Reference:	<input style="width: 80%;" type="text"/>		Phone: <input style="width: 20%;" type="text"/>
Relationship to applicant:	<input style="width: 100%;" type="text"/>		

**OTHER INFORMATION**

How did you hear about The Fabric Workshop and Museum?	<input style="width: 100%;" type="text"/>
Why are you interested in the Apprenticeship Training Program?	<input style="width: 100%;" type="text"/>

**Note: High School Students are paid for their apprenticeship and therefore must be at least 16 years of age to apply.**

TEL: (215) 561-8888

**Please send completed application to:**  
 The Fabric Workshop and Museum  
 1214 Arch Street  
 Philadelphia, PA 19107  
 Attn: High School Apprenticeship Coordinator

FAX: (215) 561-8887