Tamarind Institute Summer Workshop Application

APPLICATIONS MUST BE RECEIVED BY JANUARY 10, 2020.

Please complete this application by clicking on the gray boxes and filling out the appropriate information, print out, sign, and return to us.

Legal Name:			
Current Address:	_		
City: State:	Zip Code:	Country:	
Permanent Address:_			
City: State:	Zip Code:	Country:	
Daytime Phone:	Evening	Phone:	Fax:
E-mail(s):			
Birth date:	, Birthplac	e: Country of Ci	tizenship:
			• —
Art Schools, Colleges	and/or Universities	s Attended:	
Art Schools, Colleges	and/or Universities City/ State	s Attended: Major/Degree	Dates (mo/yr)
Art Schools, Colleges	and/or Universities	s Attended: Major/Degree	
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Art Schools, Colleges Institution 1. 2. 3. 4. How many lithograph	c and/or Universities City/ State y courses have you	s Attended: Major/Degree	Dates (mo/yr)
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Art Schools, Colleges Institution 1. 2. 3. 4. How many lithograph List your instructors i Instructor Name 1. 2.	c and/or Universities City/ State y courses have you	s Attended: Major/Degree successfully complete	Dates (mo/yr)
Art Schools, Colleges Institution 1. 2. 3. 4. How many lithograph List your instructors instructor Name 1.	c and/or Universities City/ State y courses have you	s Attended: Major/Degree successfully complete	Dates (mo/yr)

Employment Experience (not necessary to fill out if résumé is attached)

Company/Institution	Job Title	Dates	Reason for leaving
1.			
2.			
3.			
4.			

Please attach an explanation of your specific reason for wanting to participate in this workshop. What do you hope to learn and how will this information be useful to you? What are specific topics you wish to have included?

Application Checklist

- 1. Completed Application
- 2. Résumé
- 3. Letter of Intent

I certify that all information given above, and in my résumé are correct and to the best of my
knowledge. I understand that this application is to Tamarind Institute only and that acceptance
in a Tamarind Institute program does not imply acceptance in any University of New Mexico
program or department.

Signature:	Date:	