

# APPLICATION FOR UNDERGRADUATE ADMISSION

**Maine College of Art**  
OFFICE OF ADMISSIONS  
522 CONGRESS STREET  
PORTLAND, ME 04101  
800.699.1509

## APPLICANT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
PREFERRED NAME \_\_\_\_\_ GENDER\*:  MALE  FEMALE  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

## PERMANENT ADDRESS

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PRIMARY TELEPHONE NUMBER  HOME  CELL \_\_\_\_\_  
ADDITIONAL TELEPHONE NUMBER  CELL  WORK  OTHER \_\_\_\_\_  
STUDENT EMAIL ADDRESS \_\_\_\_\_ PARENT EMAIL ADDRESS \_\_\_\_\_

## MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

VALID UNTIL (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

## CITIZENSHIP

U.S. CITIZEN  
 PERMANENT RESIDENT/ ALIEN RESIDENT  
 INTERNATIONAL CITIZEN COUNTRY OF CITIZENSHIP \_\_\_\_\_  
IS YOUR PRIMARY LANGUAGE ENGLISH?  YES  NO (PLEASE STATE PRIMARY LANGUAGE) \_\_\_\_\_

## APPLICATION INFORMATION

APPLYING AS:  FRESHMAN  TRANSFER  EARLY-ADMITTANCE  RE-ENTRY STUDENT  SPECIAL STUDENT (NON-DEGREE)

TO ENTER:  FALL 20\_\_\_\_  SPRING 20\_\_\_\_

CREDIT STATUS:  FULL TIME  PART-TIME

MARITAL STATUS\*:  SINGLE  MARRIED  DIVORCED/SEPERATED

ETHNICITY\*:  AMERICAN INDIAN/ALASKAN NATIVE  ASIAN/PACIFIC ISLANDER  BLACK/NON-HISPANIC  HISPANIC  
 CAUCASIAN/NON-HISPANIC  NON-RESIDENT ALIEN  OTHER

HAVE YOU PREVIOUSLY APPLIED TO MECA?  NO  YES WHEN: \_\_\_\_\_

HAVE YOU PREVIOUSLY ATTENDED MECA?  NO  YES WHEN: \_\_\_\_\_

UNDERGRADUATE PROGRAM  CONTINUING STUDIES  PRE-COLLEGE PROGRAM

DO YOU PLAN TO APPLY FOR FINANCIAL AID?\*  NO  YES

ARE YOU INTERESTED IN CAMPUS HOUSING?\*  NO  YES

ARE YOU RELATED TO A MECA FACULTY MEMBER/STAFF MEMBER?\*  NO  YES NAME: \_\_\_\_\_

ARE YOU RELATED TO A MECA ALUMNUS?\*  NO  YES NAME: \_\_\_\_\_

\*THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT ADMISSION STATUS.

HOW DID YOU LEARN ABOUT MAINE COLLEGE OF ART?  ART TEACHER  COLLEGE FAIR  SCHOOL VISIT

INTERNET (SPECIFY) \_\_\_\_\_

MECA ADMISSIONS COUNSELOR  MECA STUDENT/FACULTY NAME: \_\_\_\_\_

MECA WEBSITE  PORTFOLIO DAY  OTHER (SPECIFY) \_\_\_\_\_

**AREA OF INTEREST**  
(PLEASE SELECT ONLY ONE)

ART EDUCATION  
 CERAMICS  
 GRAPHIC DESIGN  
 ILLUSTRATION  
 METALSMITHING & JEWELRY  
 NEW MEDIA  
 PAINTING  
 PHOTOGRAPHY  
 PRINTMAKING  
 SCULPTURE  
 WOODWORKING & FURNITURE DESIGN

**FAMILY INFORMATION**

FATHER  STEP-FATHER  GUARDIAN  SPOUSE

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS (IF DIFFERENT FROM THE APPLICANT'S ADDRESS)

CITY STATE ZIP COUNTRY

PRIMARY TELEPHONE NUMBER  HOME  WORK  CELL

OCCUPATION EMPLOYER

EDUCATION: (PLEASE INDICATE HIGHEST LEVEL ATTAINED)

HIGH SCHOOL  SOME COLLEGE  COLLEGE DEGREE

SOME GRADUATE OR PROFESSIONAL SCHOOL  GRADUATE OR PROFESSIONAL DEGREE

**EDUCATION AND ACTIVITIES** PLEASE LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED, BEGINNING WITH THE MOST RECENT. YOU MUST REQUEST OFFICIAL TRANSCRIPTS FROM ALL INSTITUTIONS LISTED, TO BE SENT TO MECA OFFICE OF ADMISSIONS.

EDUCATION TYPE (SELECT ONE)

HIGH SCHOOL  TWO-YEAR COLLEGE  FOUR-YEAR COLLEGE

NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE: FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

DATE OF GRADUATION, IF APPLICABLE (MM/YYYY) DEGREE EARNED, IF APPLICABLE

HIGH SCHOOL ONLY: GUIDANCE COUNSELOR NAME ART TEACHER NAME

EDUCATION TYPE (SELECT ONE)

HIGH SCHOOL  TWO-YEAR COLLEGE  FOUR-YEAR COLLEGE

NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE: FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

DATE OF GRADUATION, IF APPLICABLE (MM/YYYY) DEGREE EARNED, IF APPLICABLE

HIGH SCHOOL ONLY: GUIDANCE COUNSELOR NAME ART TEACHER NAME

EDUCATION TYPE (SELECT ONE)

HIGH SCHOOL  TWO-YEAR COLLEGE  FOUR-YEAR COLLEGE

NAME OF SCHOOL/INSTITUTION

SCHOOL/INSTITUTION ADDRESS

DAYS OF ATTENDANCE: FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

DATE OF GRADUATION, IF APPLICABLE (MM/YYYY) DEGREE EARNED, IF APPLICABLE

HIGH SCHOOL ONLY: GUIDANCE COUNSELOR NAME ART TEACHER NAME

**EXTRACURRICULAR ACTIVITIES, AWARDS, HONORS**

PLEASE LIST BELOW. APPLICANTS ARE ALSO ENCOURAGED TO SUBMIT A RESUME OF SUCH ACTIVITIES, IF DESIRED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTHER  STEP-MOTHER  GUARDIAN  SPOUSE

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS (IF DIFFERENT FROM THE APPLICANT'S ADDRESS)

CITY STATE ZIP COUNTRY

PRIMARY TELEPHONE NUMBER  HOME  WORK  CELL

OCCUPATION EMPLOYER

EDUCATION: (PLEASE INDICATE HIGHEST LEVEL ATTAINED)

HIGH SCHOOL  SOME COLLEGE  COLLEGE DEGREE

SOME GRADUATE OR PROFESSIONAL SCHOOL  GRADUATE OR PROFESSIONAL DEGREE

**ADDITIONAL INFORMATION**  
TO WHAT OTHER COLLEGES ARE YOU APPLYING?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESSAY**

PLEASE SUBMIT A TYPED 500 WORD ESSAY ON ONE OF THE FOLLOWING TOPICS:

- 1. DRAW YOURSELF IN WRITING
- 2. WHAT IS THE ROLE OF AN ARTIST?
- 3. WHO IS YOUR HERO AND WHY?

\_\_\_\_\_

**FINANCIAL AID INFORMATION**

STUDENTS INTERESTED IN FINANCIAL AID MUST FILE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), WHICH IS REQUIRED FOR ALL FORMS OF FEDERAL AID (INCLUDING STUDENT LOANS), AS WELL AS INSTITUTIONAL GRANTS AND SCHOLARSHIP AWARDS. THE FAFSA CAN BE FILED STARTING JANUARY 1 AND SHOULD BE FILED BY THE FIRST WEEK IN FEBRUARY. WHEN FILING, BE SURE TO INCLUDE MECA'S TITLE IV CODE (011673) SO THAT OUR FINANCIAL AID OFFICE WILL RECIEVE YOUR FAFSA DATA.

MY SIGNATURE VERIFIES THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE DATE

PARENT/GUARDIAN (IF UNDER 18) DATE

SUBMIT THIS APPLICATION WITH THE NON-REFUNDABLE \$40 APPLICATION FEE (\$60 FOR INTERNATIONAL APPLICANTS) TO:

**OFFICE OF ADMISSIONS  
MAINE COLLEGE OF ART  
522 CONGRESS STREET  
PORTLAND, ME 04101**

\_\_\_\_\_

**APPLICATION FEE INFORMATION**

MAKE CHECK OR MONEY ORDER PAYABLE TO MAINE COLLEGE OF ART. PLEASE DO NOT SEND CASH. YOU MAY SUBMIT A CREDIT CARD PAYMENT, USING THE FORM BELOW.

CREDIT CARD PAYMENT:  MASTERCARD  VISA  DISCOVER

CARD HOLDER'S NAME

CREDIT CARD NUMBER SECURITY CODE

EXPIRATION DATE

CARD HOLDER'S BILLING ADDRESS

CARD HOLDER'S DAYTIME TELEPHONE NUMBER

CARD HOLDER'S SIGNATURE