

High School Poetry Workshop Application Form

ACADEMY OF
AMERICAN

POETS

Applicant Information:

First name

Last name

Street Address

City

State

Zip code

Email address

Grade (circle one): 9 10 11 12 graduate

Parent or Legal Guardian's Name

Teacher and School Name

School Address

City

State

Zip code

Applicant's Signature

Parent/Legal Guardian's Signature

date

date

**Please return this form to The Academy of American Poets by June 25.
Financial aid is available upon request.**

The Academy of American Poets
75 Maiden Lane, Suite 901, New York, NY 10038
tel: 212-274-0343 Poets.org fax: 212-274-9427