

## 2012 Voices Her'd Visionaries Application

First Name:		Last Name:			
Age:	Birth date:	Ethnicity: Asian African A	m Latino_	_ Arab V	White Other
Grade:_	School:		Scho	ool Borougl	h:
Neighb	orhood you live in:				
Mailing Address:			Ap		:
	City/State:	Zip:			
Phone:		(home)			_ (cell)
Email:					
Parent/	Gardian:		Pho	ne:	
for a lar facilitate Please a	rge-scale summer pued by Groundswell'	pol-year, participants examine issue ablic art project in our Summer Les is professional women artists. It questions to demonstrate your re to be in Voices Her'd Visionaries?	adership Inst		
What d	o you hope to gain	from participating in Voices Her'd	?		
Please l	ist all Groundswell	programs you've participated in:			

Mail or email completed applications by **April 16, 2012 at 4pm** to: Groundswell, 540 President Street, Suite 1A, Brooklyn NY 11215; jess@groundswellmural.org