SOUTHAMPTON COUNTY SCHOOLS

Post Office Box 96 · Courtland, Virginia 23837 Phone (757) 653-2692 · Fax (757) 653-9422



Dr. Gwendolyn P. Shannon, Division Superintendent

Dr. Deborah Goodwyn, Chair Denise B. Bunn, Vice-Chair

July 30, 2024

Dear Parents and Students,

Southampton County Schools is planning once again to offer special classes for students in **grades 6 through 12** who show special talent in visual arts. A workshop for selected students will be held six times throughout the school year at the Rawls Museum Arts Education Building in Courtland, VA. In order to be considered for this class, each student must submit a portfolio, collection of artwork, and an application. Art teachers will complete a checklist on each child applying for the program.

Each portfolio must contain:

- 1. Still life with value
- 2. Landscape with a building in perspective/add texture
- 3. One piece of artwork student's choice
- 4. One self-portrait

**Do not include any cartoon/animated drawings in the portfolio.

(Each portfolio <u>MUST</u> contain all of the above items identified in 1-4.) Art work should be done on drawing paper. <u>ART WORK DONE ON NOTEBOOK PAPER WILL NOT BE ACCEPTED.</u> Paper bags cut to size $(8\frac{1}{2} \times 11^{\circ})$ will work if you do not have drawing paper. Art work should be placed in a folder or large envelope. The portfolio must be accompanied with the attached completed application. If you have any questions, please contact Kelli Gillette, Director Curriculum at 757/653-2692.

Portfolios and permission slips are due to Southampton Middle School, Southampton High School, or Southampton County School Board Office on or before Friday, August 23, 2024.

Sincerely,

Kelli J. Gullette

Kelli Gillette Director of Curriculum

Board of Education

Berlin/Ivor District Brandon Rodgers Boykins District Dr. Deborah Goodwyn Capron District Drewryville District Cassandra Hobbs Donna Rountree

strict Franklin District tree Jennifer Tindle Jerusalem District N Christopher Smith, Sr. Southampton County Public Schools

Gifted Visual Arts Program 2024-2025

APPLICATION

Student's Name:		
Last	First	Middle Initial
Date of Birth:/	/	
Current Grade Level:		
Home Telephone No.: ()	_	
E-mail Address:		
Mailing Address:		
Street Address:		
	City or Town, State, Zip Code	
Parent/Legal Guardian's Name:		
School student is currently attending:		
What area of Visual Arts are you interest	ted in?	

I give my permission for the information above to be used for the purpose of processing my child's application for the Gifted Visual Arts Program offered by Southampton County Schools.

Date

Signature of Parent or Legal Guardian