

jumpstART I is a new, semester-long, program that aims to prepare High School Juniors and Seniors for applying and entering higher education in the arts. Through focusing on technical skills such as writing artist statements, thematic development, professional and public presentation, while at the same time providing on-site development of core artistic techniques, jumpstART I gives each student a competitive edge in the college application process. By the end of each semester, students will have a professional, well-coordinated portfolio and the skills necessary to enter art school with success.

jumpstART I – FALL 2009 ADMISSION APPLICATION

NOTE: Do NOT mail your application in. The completed application must be brought to CUE Art Foundation and the student applying for the program must be available for a brief interview. If the student has a sketchbook or other easily transportable examples of their artwork they would like to share, they are encouraged to bring them to the interview as well. It is the applying student’s responsibility to schedule the interview*, and all applicants that fail to do so will not be considered for the program.

Please contact Ryan Thomas to schedule an interview by phone: 212-524-0100, or by email: ryan.thomas@cueartfoundation.org.

***AVAILABLE INTERVIEW DATES: October 6th, 7th and 8th: 3:30 – 5:30pm**

STUDENT APPLICATION:

BASIC STUDENT INFORMATION:

Name (Last, First):	Grade:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: (mm/dd/yy)
Ethnic Background: <i>Answering this question is optional and will be used for statistical purposes only. Please choose only one:</i> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native America <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other:			
School:	Cumulative Average/GPA:	Expected Year of Graduation:	
School Address:			
Home Address:			
Home Phone:		Student Cell Phone:	
Student Email:			

(over)

What are your personal goals entering this program (for example: meeting other artists, preparing a portfolio for college, gaining professional skills):

Please list the name and email address of the person who referred you to the program:

Please select your preferred* program session:

Session I (Wednesdays, 4:30-7:30pm)

Session II (Thursdays, 4:30-7:30pm)

*We will try our best to accommodate the preferences of all accepted students, but students are not guaranteed their selected Sessions due to limited space availability. If the student will not be able to participate in the program due to their assigned Session, please notify CUE Art Foundation and we will try our best to find a compromise.

STUDENT PERSONAL ESSAY

***Please write/type on a separate piece of paper and attach to this application.**

Creative Edge 101 would like to know a little more about you and your interests. Please take some time and write a short essay answering the following questions as best you can.

What are your hobbies/interests? Why are you interested in Creative Edge 101? What is your ideal career? Who is your favorite artist and why? Have you participated in any arts-related internships or programs before? If so, please be specific. Feel free to inform us about any other relevant information.

Please list the name and phone number/email of two non-related references, specifying their relationship to you (i.e. Teacher, Counselor, Former Boss, Coach):

***Optional: You may include a letter of reference if either of the above references are willing to provide one.

CUE ART FOUNDATION & The Joan Mitchell Foundation jumpstART I Program STUDENT AGREEMENT

Attendance Policy:

Students enrolled in CUE Art Foundation and The Joan Mitchell Foundation's jumpstART I Program are expected to attend class regularly. Like any professional environment, regular attendance is essential. Students are required to notify their teacher and/or the Foundation if they are not going to be able to attend class **by 3PM** at the latest.

Students are permitted to miss no more than one class. **STUDENTS WHO MISS MORE THAN ONE CLASS WITHOUT PERMISSION WILL BE ASKED TO LEAVE THE PROGRAM FOR THE CURRENT TERM.** Students may be invited to rejoin the program at the beginning of the next term, but this is up to the teacher's discretion. Students may be permitted to attend that week's class with the other Session to avoid an absence, but **ONLY** if it has been discussed and agreed upon with the teacher before the class.

Students are expected to arrive at class prepared and ready to begin. *EXCESSIVE TARDINESS (MORE THAN ONE HOUR LATE, MORE THAN TWO TIMES) WILL BE CONSIDERED AN ABSENCE AND ADDRESSED AS SUCH.*

I have read and understand the jumpstART I Program attendance policy.

X Student Signature

____/____/____

Date

Student Responsibilities: *(Please read and check off each box in agreement and sign at the bottom)*

I will respect myself, my peers, my teachers, my environment, my work and the work of others.

I will actively and appropriately participate in classroom discussions and activities.

I will not use drugs or alcohol, smoke or carry weapons, in the facility or during any program activity.

I will not abuse myself or anyone, students or staff, verbally (profanity) or physically, in the program.

I will use program equipment and property responsibly.

I will follow all rules of the gallery and all trip destinations I am attending.

I will work to the best of my ability at all times.

Parental consent is required for participation (see enclosed form).

I have read, understand, and agree to follow the STUDENT RESPONSIBILITIES. I understand that if I violate this agreement, I may be suspended or terminated from the program.

X Student Signature

____/____/____

Date

CUE ART FOUNDATION & The Joan Mitchell Foundation jumpstART I Program PARENT APPLICATION

PARENT/GUARDIAN GENERAL INFORMATION:

***Please note this information will be used for primary emergency contact information.**

Name(s) (Last, First):	
Relationship(s) to Student:	
Daytime Phone:	Evening Phone:
Email:	

ADDITIONAL PARENT/GUARDIAN INFORMATION (optional)

Please indicate your annual household income below:

- | | |
|---------------------------|----------------------------|
| _____ \$0 - \$10,000 | _____ \$30,000 - \$60,000 |
| _____ \$10,000 - \$20,000 | _____ \$60,000 - \$100,000 |
| _____ \$20,000 - \$30,000 | _____ \$100,000 and higher |

Does your child participate in his/her school's free lunch program? (optional) (Please circle one)

YES NO

STATEMENT OF CONFIDENTIALITY: CUE Art Foundation and The Joan Mitchell Foundation ensure the confidentiality of all application information provided. Your family's financial information will not be released to anyone other than the selection committee without prior written consent. This information will enable us to gather information as part of evaluation procedures and will not impact program acceptance.

**CUE ART FOUNDATION & The Joan Mitchell Foundation
jumpstART I Program PARENT AGREEMENT**

(Please sign and return with student application, agreement and essay.)

As a condition of registration of my child in CUE Art Foundation and The Joan Mitchell Foundation's Art Education Program, jumpstART I, I confirm that all of the information given is correct. I agree to follow all program rules and regulations. I will, to the best of my ability, support my child's participation and development and will communicate with the jumpstART I program staff to accomplish these goals.

TRIP PERMISSION:

I give my child permission to take trips with the jumpstART I Program during regular program hours.

WAIVER:

I hereby authorize CUE Art Foundation & The Joan Mitchell Foundation to photograph and record my child for any and all printed and web promotional purposes in connection with the jumpstART I Program. I agree to hold both CUE Art Foundation and The Joan Mitchell Foundation harmless from any liability arising out of photographs or recordings and waive any compensation for pictures, printed works, or audio/video products of or by my child.

DISMISSAL: (PLEASE CIRCLE ONE)

My child:

IS ALLOWED / IS NOT ALLOWED

to leave the gallery or field trip destination at the end of class alone.

If your child is not allowed to leave alone, please include instructions regarding the dismissal of your child (adults who may pick-up your child, etc).

X Print name of Parent or Guardian

X Signature of Parent or Guardian

____/____/____
Date

Name of Student

CUE Art Foundation & The Joan Mitchell Foundation
jumpstART I Program
ADDITIONAL EMERGENCY CONTACT INFORMATION

Please list 2 emergency contacts (not parents/guardians). Emergency contacts will only be contacted in case both parents/guardians cannot be reached.

Emergency Contact 1

Name: _____

Phone Number: _____

Relationship to Student: _____

Emergency Contact 2

Name: _____

Phone Number: _____

Relationship to Student: _____

Does the student have any health issues and/or allergies we should be aware of? If so, please explain and provide the name of the student's physician. (The physician will only be contacted in case of emergency)
