



Name of Spotlight Applicant \_\_\_\_\_

17. How did the you hear about this program?

\_School\_ Non-Profit Organization\_ Family\_ Friend\_ Website\_ Other \_\_\_\_\_

18. Please list any other planned summer activities including vacations and schedule of those activities, if you know. You are expected to be able to attend the entire eight week program. Generally, exceptions may be granted on an individual basis if the activities are are for no more than one week.

19. List other programs or work you are applying for or expect to apply for this summer.

20. Please check ALL the ARTS you are INTERESTED in below.

\_\_\_ All Visual Arts: \_\_\_ Painting \_\_\_ Drawing \_\_\_ Photography \_\_\_ Sculpture \_\_\_ Graphic Arts  
\_\_\_ Music: Vocal, Instrumental \_\_\_ Performance Arts \_\_\_ Tech (lighting, sound, set design, etc.)  
\_\_\_ Dance \_\_\_ Film/Media Arts/\_\_\_ Photography  
\_\_\_ Theater/Dramatic Arts \_\_\_ Writing/Literary Arts/Poetry \_Other\_\_\_\_\_

21. Please select ALL the SKILLS you have to offer at a internship site.

\_\_\_ Working with Children/Youth \_\_\_\_\_ Phone Skills \_\_\_ Typing\_\_\_\_\_  
Internet\_\_\_\_\_ Graphic Design \_\_\_ Computers \_\_\_ Writing \_\_\_ Editing \_\_\_  
\_Customer Service \_\_\_ Organizational Skills \_\_\_ Teaching \_\_\_ \_\_\_ Other\_\_\_\_\_  
\_\_\_ All Visual Arts: \_\_\_ Painting \_\_\_ Drawing \_\_\_ Photography \_\_\_ Sculpture \_\_\_ Graphic Arts  
\_\_\_ Music: Vocal, Instrumental \_\_\_ Performance Arts \_\_\_ Tech (lighting, sound, set design, etc.)  
\_\_\_ Dance \_\_\_ Film/Media Arts/\_\_\_ Photography  
\_\_\_ Theater/Dramatic Arts \_\_\_ Writing/Literary Arts/Poetry \_Other\_\_\_\_\_

22. Please select THREE skills you are MOST interested in improving this summer.

\_\_\_ Working with Children/Youth \_\_\_\_\_ Phone Skills \_\_\_ Typing\_\_\_\_WPM\_\_\_\_  
Internet\_\_\_\_\_ Graphic Design \_\_\_ Computers \_\_\_ Writing \_\_\_ Editing \_\_\_ Customer Service  
\_\_\_ Organizational Skills \_\_\_ Teaching \_\_\_ \_\_\_ Other\_\_\_\_\_  
Visual Arts (\_Painting \_\_\_Drawing\_) Performing Arts (\_Music\_ Theatre\_ Dance)  
Media Arts (\_Video\_ Film\_) Literary Arts \_Fiction\_ Poetry\_ Non-Fiction\_ Journalism

Other \_\_\_\_\_

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23. Please list previous work experience including internships, volunteer work, babysitting, etc. If you have a resume, please attach. You may use the back or attach additional pages if you wish.

24. Please describe previous experiences with any type of arts. You may use the back or attach additional pages if you wish.

25. Please write one or more paragraphs about why you would like to participate in the Spotlight on the Arts program. You may use the back or attach additional pages if you wish.

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**CONSENT**

26. As parent/guardian of the participant, I hereby authorize and give my consent for my child or ward to participate in all "Spotlight on the Arts" activities, including supervised internships at arts organizations, scheduled workshops and field trips accompanied by C.L.A. staff and chaperones on public transportation, for the duration of the program. Parents/Guardians will receive advance notice of all field trips.

\_\_ to have his/her picture taken and to be filmed or videotaped for program publicity purposes only.

\*Can the participant receive emergency medical treatment, if needed? \_\_Yes \_\_No

\*Can the participant be taken to the nearest medical facility? \_\_Yes \_\_No

(Please Print) Parent or Guardian Name \_\_\_\_\_

First

Last

Relationship \_\_\_\_Parent \_\_Guardian\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

27. In case of an emergency, whom should we contact? (List 2 contacts, one **MUST** be a parent or guardian and one person **NOT** living with you.)

a. Name \_\_\_\_\_ Relationship \_\_Guardian \_\_Parent \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Tel- Home (\_\_\_\_) \_\_\_\_\_ - \_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell\_(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best number to reach them (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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b. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete Address \_\_\_\_\_

Tel-Home(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best number to reach them (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_