

Application for Spotlight on the Arts Summer 2019

email: jill.roisen@calawyersforthearts.org or post to:

California Lawyers for the Arts,

2 Marina Blvd, Fort Mason Center, C-265, San Francisco, CA 94123

Deadline: Monday, April 1, 2019

Basic Eligibility

1. Ages 14-17 & rising soph to rising senior
2. Live in San Francisco & SFUSD student
3. Low-income family
4. Interest in the Arts
5. No concurrent summer employment
city funded program such as MYEEP, SF YouthWorks, CHALK, etc.
6. Ability to commit to entire program

Applicant Name _____
First Last

Address/Apt #/Zip Code _____

Preferred Gender Pronouns: He/him/his__ She/her/hers__ They/them/theirs__

Date of Birth ____/____/____ **Age** _____

Race/Ethnicity: Asian __ African American__ Hispanic/Latino(a) __ Middle Eastern__

Pacific Islander __ Caucasian __ Multi-Racial(Specify)_____ Other(Specify)_____

Home Language _____

Foster Care _ **Public Housing** _ **Special Needs** _ **LGBTQ**__

Home Telephone () _____ - _____ **Cell Phone** () _____ - _____

E-Mail: _____

School _____ **Current Grade Level** _____ **GPA** _____

Name of Parent or Guardian _____

Home Telephone () _____ - _____ **Cell** () _____ - _____

Parent/Guardian Email _____ @ _____

Name of Spotlight Applicant _____

Family Gross Income _____ No. in Household _____

How did you hear about this program? School _ Non-Profit Organization_ Family _Friend_
CLA Website _ Other (Specify) _____

Name of Person/Contact Info for who referred you: _____

Phone/Email _____

Please list any other planned summer activities including expected vacations and schedule of those activities INCLUDING SUMMER SCHOOL.

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

Please check ALL the Types of ARTS you are INTERESTED in below.

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

Please check all the SKILLS you have to offer at an 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 _____

Name of Spotlight Applicant _____

Please list previous work experience including internships, volunteer work, babysitting, etc. You may use the back or attach additional pages (such as resume) if you wish.

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

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.

Name of Spotlight Applicant _____

CONSENT

____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

In case of an emergency, whom should we contact? (LIST TWO 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_(_____)_____- Email_____

Best number to reach them (____)_____-

b. Name_____Relationship_____

Complete Address_____

Tel-Home (____)_____- Work (____)_____-

Cell (____)_____- Email_____

Best number to reach them (____)_____-