

Cape & Islands Workforce Board ArtWorks Program Application 2020-2021

Part I. Applicant Background Information

□ Jewelry

Student Name						
· · · · · · · · · · · · · · · · · · ·	Last F	irst	Middle			
Mailing Address	Street/PO Box	Tov	vn	Zip code		
Birth//	Who referred you	to this program? _				
Home Phone		Cell Phone				
E-mail	What is	What is the best way to reach you:				
High School You Attend	l		Cur	rent Grade		
Have you participated in	the ArtWorks Program be	efore? If	Yes, who was yo	our mentor & what was		
your artistic medium?						
Please list any extracurri	cular activities that you ar	e currently involve	ed in and hobbies	/ interests that you have:		
(i.e. sports, activities, far Yes No	6			o commit time <i>after school</i> ?		
Please select up to <u>three</u>	<u>e</u> creative interest areas.					
Visual Arts: Painting Drawing Photography Printmaking Mixed Media Ceramics Woodworking	Writing: Poetry Fiction Journa Publis Theater: Acting	y n alism hing g	□ Fa	er: rts Administration ashion Design ther (Please describe)		
 Digital Media Film/TV Production Computer Animation 						



Please list any relevant experience that could help us determine your internship placement:

Part II. Past Work Experience

Please describe briefly past job, internship or volunteer positions. Attach a resume if available

Part III. Applicant Essay – Describe your expectations for your Art Internship and explain why think this program is a good fit for you. Please include what you hope to learn, why you are interested in the medium(s) chosen, and describe your interest in participating,

(Attach your essay or below write clearly and legibly. Use another sheet of paper if necessary.)



Part IV. Parent/Guardian Information (to be completed by parent/guardian)

Name	Daytime Phone	()

My son/daughter/dependent has my permission to participate in the ArtWorks program.

Parent / Guardian Signature

Date

The following is provided for your review and signature:

I give permission for my son/daughter/dependent's name, image, and/or student work products to be utilized in various forms of media including: newsletters, CIWB web site (images only), and ArtWorks print and video productions, newspapers, magazines, or television, and future types of media for the duration of his/her enrollment in the ArtWorks Program.

Please sign below:

Name of Student

Date

Signature of parent/guardian, or student if 18 years or older

This form is applicable for the duration of your child's participation in this program and will remain permanently in the student's file. You may review and update this form at any time.



Cape & Islands Workforce Board's School to Careers Partnership Internship Application Form 2020-2021

STUDENT RECOMMENDATION FORM

(To be completed by a teacher, guidance counselor or a caring adult other than a relative)

Name of Student_____

School

Please describe your relationship with applicant and why you believe he/she would be a good candidate for admission into the ArtWorks Program.

Signature

Date

Please forward applications to: ArtWorks Program, Cape & Islands Workforce Board, 426 North St Suite 9 Hyannis, MA 02601 or email <u>kara@masshire-capeandislandswb.com</u>