



ArtWorks Program Application Form 2021-2022

Join the ArtWorks Program for its Monumental 25th year!

As we begin to emerge from the restrictions laid out by DESE, the safety of both our mentors and students are our top priority. As such, we are continuing to offer both virtual and hybrid, along with in-person, models for meeting with your mentor. Please note, for in-person meetings, you may still need to wear a mask depending on your mentor's level of comfortability and as DESE continues to update current restrictions and guidelines to abide by. Furthermore, while DESE has approved meeting with your mentor in person, we are aware some people still prefer working virtually whether it is due to safety concerns, one's own comfort, or issues of transportation or time constraints. As such, virtual meetings may be chosen for a variety of reasons.

Please select from the options below your preference for how you would like to meet with your mentor or select multiple if you have no preference. We ask that you remain open-minded, should it arise that your ideal mentor is only comfortable with a different meeting type, we will be sure to discuss with you your options.

- ☐ **In-Person:** Artists will meet with students in their studio if they can abide by the [Massachusetts Mandatory Safety Standards](#) for workplaces regarding COVID-19. Please note, that these guidelines are continuing to update as more restrictions are lifted.
- ☐ **Hybrid:** Artists will meet with their student both in-person and virtually. The ratio of in-person to virtual meetings will vary based upon your mentor's and your own availability and preferences.
- ☐ **Virtual:** Artists will meet virtually with students over their preferred video communication service (Zoom, Google Meets, etc.)

Please forward applications to: ArtWorks Program, MassHire Cape & Islands Workforce Board, 426 North St, Suite 9 Hyannis, MA 02601 or email Kara@masshire-capeandislandswb.com by Thursday, September 30th, 2021.



Part I. Applicant Background Information

Student Name: _____
Last First Middle

Mailing Address: _____
Street/PO Box Town Zip Code

Date of Birth: ____/____/____ Who referred you to this program? _____

Home Phone: _____ Mobile: _____

Email: _____

Preferred Method of Contact (Circle): Home Mobile Email

High School You Attend: _____ Current Grade: _____

Have you been enrolled or previously applied to the ArtWorks Program? **Circle your answer below.**

Yes, enrolled.

Yes, applied but not enrolled.

No.



Please list any extracurricular activities you are currently involved in and/or hobbies/interests that you have:

Do you have any responsibilities or obligations that could interfere with your ability to commit time after school (i.e. sports, activities, family/child-care)? **Circle:** Yes No

If yes, please explain:

Please select up to three creative interest areas, with your first choice marked as a 1, second choice as 2, and third choice as 3. If there is a more specific area within a medium that you are interested in, please elaborate (Example: Painting: Watercolor landscape, Photography: Portraiture)

☐ Painting: _____

☐ Drawing: _____

☐ Photography: _____

☐ Ceramics: _____

☐ Graphic Design: _____

☐ Jewelry: _____

☐ Fashion Design: _____

☐ Other (Please describe): _____

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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 website (images only), CIWB 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.

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Part V: Student Recommendation Form (To be completed by a teacher, guidance counselor or a caring adult, other than a relative)