

Application for Spotlight on the Arts Summer 2017
California Lawyers for the Arts, 2 Marina Blvd, Fort Mason Center,
Building C, Room 265 San Francisco, CA 94123
Fax: 415. 775. 1143 Email: jill.roisen@calawyersforthearts.org
Deadline: April 3, 2017

Eligibility

1. Ages 14-17 (rising sophomore-rising senior)
2. Live in San Francisco
3. Low-income family (max. HUD standards for SF)
4. Legal immigration status
5. No concurrent summer employment in any other city funded program, such as MYEEP
6. Ability to commit to entire program

Selection Criteria

1. Degree of interest in the arts
2. Positive attitude
3. Reliability and Punctuality
4. Maturity
5. Communication skills

Applicant Name _____
First Last

Address _____
Apt. # City Zip Code

Gender Identity: Male ___ Female ___ Other _____

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

SS # ____/____/____

Race/Ethnicity: Asian African American Hispanic/Latino(a) Middle Eastern
Pacific Islander Caucasian Multi-Racial (specify) _____

Home Language _____

Foster Care ___ **Public Housing** ___ **Special Needs** ___ **LGBTQ** ___

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

E-Mail: _____

Are you enrolled in one of the following academies or pathways? If so, please check which one:

Balboa CAST Burton AME Galileo Media Arts

Lincoln AoIT Mission Marketing

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

Name of Parent or Guardian _____

Home Telephone _____

Parent/Guardian Email _____

Family Gross Income _____ **No. in Household** _____

Name of Applicant: _____

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.

Visual Arts: Painting Drawing Photography Sculpture Graphic Arts
 Film/Media Arts Digital Art
Performing Arts: Music Dance Theater/Dramatic Arts Tech (lighting, set design, etc.)
Literary Arts: Creative Writing/Poetry Journalism
Other: _____

Please check **ALL** the **SKILLS** you have to offer at an internship site.

Working with Children/Youth Phone Skills Typing Internet Computers
Organizational Skills Graphic Design Writing Editing Teaching
Customer Service
Other: _____

Please check **TOP THREE** skills/arts interests that you are most interested in **IMPROVING** this summer.

Working with Children/Youth Phone Skills Typing Internet Computers
Organizational Skills Graphic Design Writing Editing Teaching
Customer Service
Visual Arts Performing Arts Media Arts Literary Arts
Other: _____

Name of 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 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.

____ I hereby authorize and give my consent for my child or ward 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

Parent or Guardian Name (Please Print) _____
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.)

1. Name _____ Relationship Parent Guardian

Address _____
Street City Zip Code

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

Cell (____) _____ - _____ Email _____

Best number to reach them _____

2. Name _____ Relationship _____

Address _____
Street City Zip Code

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

Cell (____) _____ - _____ Email _____

Best number to reach them _____