



a program of

Young Audiences of Northeast Ohio

# Student Apprentice Artist Application 2010



Young Audiences  
Arts for Learning  
Northeast Ohio

**Application Due Friday, March 26, 2010**

This application is for students entering 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade only.

**All of the following materials must be received on or before 4:00pm on Friday, March 26, 2010 for your application to be complete.**

- This completed application form
- Responses to the short answer section of this application
- One written recommendation letter from a teacher, principal, or guidance counselor

*Applicants whose materials are received up to 7 days past the deadline will be placed on a waiting list.*

## PERSONAL INFORMATION (please print or type clearly)

first

middle

last

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Type of School:  Public  Private  Home School Will you be at least 15 years old as of June 16, 2010?  Yes  No.

**Your answers to these questions are confidential and will NOT affect your acceptance into the program. Applicants at all income levels may apply. Additional verification of income may be required to finalize your acceptance into ArtWorks.**

Have you or anyone in your household received cash payments under a federal, state, or local income-based public assistance program (for example, welfare, free school lunches or unemployment benefits)?  Yes  No

Have you or anyone in your household received or been determined to be eligible to receive Food Stamps within the past year?  Yes  No

Do you live

- With your parents
- On your own
- With relatives
- With non-relatives

How many people (including yourself) live in your household? \_\_\_\_\_

Are arts classes offered at your school?  Yes  No

Gender:  Male  Female

Ethnic Origin (optional):

African American/Black

Native American Indian

European American/Caucasian

Asian/Pacific Islander

Latino/ Afro-Caribbean

Other \_\_\_\_\_

## LOCATIONS & PROGRAMS

ArtWorks is a Monday-Friday commitment of 30 hours per week for 6 weeks with some evenings and Saturdays required. Program dates depend upon which program site you are assigned related to your program interests.

**At which location(s) are you willing to work?**

**Wade Oval** at University Circle, June 16-July 28     **Tri-C Metro Campus**, June 23-August 5     EITHER ONE

**Indicate which programs you would be interested in participating in by selecting your top two (2) choices.**

**NOT ALL PROGRAMS LISTED WILL BE OFFERED AT EACH LOCATION.**

<input type="checkbox"/> Photography/Film	<input type="checkbox"/> African Dance	<input type="checkbox"/> Theatre	<input type="checkbox"/> Recording Arts
<input type="checkbox"/> Modern/Jazz Dance	<input type="checkbox"/> Music – Percussion	<input type="checkbox"/> Music - Vocal	<input type="checkbox"/> Visual Arts – Clay/Painting/Drawing
<input type="checkbox"/> Music & Art Therapy	<input type="checkbox"/> No Preference/Open to All Programs		

## SHORT ANSWER

Please answer **ALL** of the following questions on a separate page. Typed responses are preferred.

- Will you be able to attend all scheduled work/performance dates and times as shown above? If not, please explain.
- Why do you want to participate in ArtWorks? (300 – 500 words)
- What jobs have you held in the past?
- Describe in detail what makes you a good employee. (300 – 500 words)
- If you have participated in any in-school or out-of-school arts classes or groups, please describe these experiences.
- ArtWorks is an equal-opportunity employer. Do you have any special needs or physical limitations that require accommodations? Please explain.

*By signing below, I certify that all information provided on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize investigations of all statements contained in this application as may be necessary to make an employment decision. I agree that Young Audiences will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions or responses made on this application. I understand that employment into Artworks is "at will," which means that either I or Young Audiences can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. I hereby acknowledge that I have read and understand this entire application.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## THE NEXT STEP

You are encouraged to contact the Young Audiences office before the application deadline to verify that we have received all of your materials. You will receive a confirmation postcard verifying the receipt of your application materials. If all materials have been received, you will be invited to attend an interview session at the Young Audiences office. **ALL APPLICANTS MUST BE INTERVIEWED IN ORDER TO BE CONSIDERED FOR AN ARTWORKS APPRENTICESHIP.**

Interviews will be held Tuesday-Friday, April 13-16, 2010 from 3pm – 6pm at the Young Audiences office.

Please return to:                      ArtWorks Apprentice Applications  
Young Audiences of Northeast Ohio  
13110 Shaker Square, Suite C203  
Cleveland, Ohio 44120  
Fax: 216.561.3444    Phone: 216.561.5005