

SUMMER ART CAMP

2010 Scholarship Application for Community Partners

Incomplete applications will not be accepted



PARTICIPANT INFORMATION:

Name: _____ Preferred name or nickname: _____
(Full Name)

Address: _____ City: _____ State: _____ Zip: _____

Present Age: _____ Birth date: _____ Grade Fall 2010: _____ School: _____ Male: _____ Female: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Guardian: Yes _____ No _____
(First) (Middle) (Last)

Mother's Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Father's Name: _____ Guardian: Yes _____ No _____
(First) (Middle) (Last)

Father's Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Is camper living with both parents? _____ If not, with whom? _____

Other than Parent(s)/Guardian(s) please list who you authorize to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

What are you and your child's primary goals in attending the Summer Art Camp? _____

EMERGENCY CONTACT INFORMATION:

In the event of an emergency and a parent/guardian cannot be reached, please list the name of an emergency contact.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

If you are unavailable, is this person authorized by you to give permission for treatment? Yes No

If neither parents, person named above, nor physician is available in case of an emergency, the Frist Center will exercise its judgment regarding medical treatment.

MEDICAL INFORMATION:

Child's Physician: _____ Phone: _____

Insurance Carrier: _____ Group Number: _____

Name of Policy Holder: _____ Relationship to Child: _____

Does your child have any allergies or any other physical or psychological considerations? Yes No

If so please list and specify: _____

Will your child be taking medication during his/her program? Yes No If so, please list medication(s) and when the child will be taking them _____

(The Frist Center would prefer that any medication be administered at home. If child must take medication during the course of a program session, please contact the Program Director at (615) 744-3342)

PROGRAMS: Please check all program sessions for which you would like to apply. Please note that each day of camp for 5-10 year olds is divided into two sessions. Scholarship applicants may apply for one or both sessions as well as pre and after camp. The June 10-11 camp is an afternoon camp for 14-18 year olds, and the June 28-July 2 camp is designed to be a day-long camp for 11-13 year olds.

DATES	TIME	AGES 5-7	AGES 8 - 10	AGES 11 - 13	AGES 14 - 18
June 10-11	1 PM – 5 PM				<input type="checkbox"/> Glass Blowing
June 14-18	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> In the ARTic! <input type="checkbox"/> Becoming an Artist <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Collage of Cultures <input type="checkbox"/> Uniquely You <input type="checkbox"/> After Camp		
June 21-25	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Adventures in the Wild <input type="checkbox"/> Smashin' Fashion <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Mimicking Glass <input type="checkbox"/> My World in 2-D <input type="checkbox"/> After Camp		
June 28-July 2	10 AM – 4 PM			<input type="checkbox"/> Photography: New vs. Old	
July 12-16	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> In the ARTic! <input type="checkbox"/> Becoming an Artist <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Collage of Cultures <input type="checkbox"/> Uniquely You <input type="checkbox"/> After Camp		
July 19-23	8 AM – 9 AM 9 AM – 12 PM 1 PM – 4 PM 4 PM – 5:30 PM	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Adventures in the Wild <input type="checkbox"/> Smashin' Fashion <input type="checkbox"/> After Camp	<input type="checkbox"/> Pre Camp <input type="checkbox"/> Mimicking Glass <input type="checkbox"/> My World in 2-D <input type="checkbox"/> After Camp		

In the case your preferred session(s) is full please check one of the following options: Put me on the waiting list
 Register me for my second choice(s) which are _____

The Frist Center offers Community Partner organizations a limited number of Summer Art Camp scholarships, which are awarded through a selection process. Completing this application does not guarantee that your child will receive a scholarship.

It is necessary to be prompt in picking up your child from the after-camp session. A late fee of \$2 per minute will be charged if you are late.

Are you a Frist Center Member? Yes No Membership Number: _____

CANCELLATION POLICY:

Please provide notice of cancellation two weeks prior to the start day of your session.

MAIL TO: Shaun Giles, Frist Center for the Visual Arts
919 Broadway, Nashville, TN 37203

FAX TO: (615) 744-3965
QUESTIONS: Please call (615) 744-3254
E-MAIL: sgiles@fristcenter.org

PERMISSION:

I hereby grant permission for _____ to participate in all Summer Art Camp activities on or off the Frist Center grounds. I understand that the Frist Center or any of its personnel shall not be liable for any personal injuries or property damage sustained by the above named child. I release the Frist Center, its trustees, agents, vendors and employees from any and all claims, demands, damages or rights of action arising out of this Agreement or the use of the Frist Center Facilities contemplated hereby. I approve the application and all the information contained therein above. I also give permission for photographs of my child to be used in Frist Center publicity materials.

Signature of Parent/Guardian: _____ **Date:** _____



SUMMER ART CAMP COMMUNITY PARTNER RECOMMENDATION

Deadline: FRIDAY, APRIL 2, 2010, by 6:00 p.m.

Please complete the recommendation form and return it with the SUMMER ART CAMP application form to: Shaun Giles, Associate Educator for Outreach, Frist Center for the Visual Arts, 919 Broadway, Nashville, TN 37203. **DEADLINE** for application is **Friday, April 2, 2010, by 6:00 p.m.** Late submissions will not be considered.

Child's Name _____

Name of Parent or Guardian _____

School _____

Community Partner Organization _____

Describe why you are recommending this youth to participate in the Frist Center SUMMER ART CAMP. Consider the following criteria: **need for financial assistance, desire to attend/motivation, represents community partners, interest in visual art and/or artistic skill, and works well with others.**

Will the community partner assist with transportation? ___ Yes ___ No

Recommender
signature: _____

Print Name and
Title: _____

Affiliation to the Applicant: _____

Email contact and/or phone: _____