Visionary Studio / ALL ACCESS Application

What?  
VISIONARY STUDIO: ALL ACCESS

When?  
Offered every summer, mid-July to mid-August

Where?  
In the East Village, at NYU’s Barney Building  
(on Stuyvesant St., between East 9th and East 10th St. and 2nd and 3rd Avenues)

How much?  
FREE!!!!!!

Who can apply?  
NYC Juniors and Seniors or students who are completing a GED

How do I apply?  
Mail this completed FORM, REFERENCE, and IMAGES (see below) to:

Chris Bogia  
Department of Art and Art Professions  
Barney Building  
ATTN: Visionary Studio / ALL ACCESS  
34 Stuyvesant Street New York, NY 10003

Other questions?  
Contact Chris Bogia at cjb203@nyu.edu.

NOTE:  
For ALL ACCESS you must include one reference from an instructor, and a portfolio of 10 images, sent as computer printouts, digital images on a disc, or snapshots of your recent artwork to by May 1. Please note that we will not be able to return your submissions.
Visionary Studio Application Form: ALL ACCESS

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Recommending Teacher or Guidance Counselor Name-Printed / Signature / Email – *required*

**ATTENDANCE CONTRACT—REQUIRED**

I [________] HEREBY SIGNIFY MY INTENT TO ATTEND EVERY MEETING OF THE VISIONARY STUDIO WORKSHOP, ON TIME AND PREPARED. IF I NEED TO MISS A CLASS FOR A VALID REASON, I WILL LET VISIONARY STUDIO KNOW AHEAD OF TIME. I UNDERSTAND THAT CHRONIC LATENESS OR MORE THAN THREE ABSENCES WILL NOT BE TOLERATED.

Student Signature

[________]
Student Name

**PARENTAL CONSENT – REQUIRED**

I consent to give my child ______________________________ permission to participate in NYU’s Visionary Studio and for NYU to use any photographs or videos taken of my child over the course of the program for the purposes of publication, or publicity materials, as well as any artwork made during the program.

_________________________ __________________________
Signature of Parent or Legal Guardian Date

_________________________
Parent/ Legal Guardian Name (please print) Phone Number

**AUTHORIZATION FOR TREATMENT OF A MINOR – REQUIRED**

Name: __________________________________________________________

Date of Birth: _______/_______/_______

Permanent Address: _______________________________________________

Local Phone: ( _____ ) _______ - _________ Permanent Phone: ( _____ ) _______ - _________

Person to Notify in Case of Emergency: __________________________________________________________

Relationship: ________________________________________________

Phone Number: ( _______ ) _______ - _________

Is your child covered by medical insurance? (please circle) Yes / No

Insurance Company: ________________________________________________

Policy Number: ________________________________
Student Name

Please answer the following questions to the best of your knowledge. Your answers and comments can be submitted on the application form or on a separate page.

1. Describe your previous and current experience with art. What are your daily creations?

2. What inspires you to make art? (For example, are there inspirational people in your life or places you like to go to make art?)

3. How would you like to expand your artistic knowledge? For example, are there any new tools or methods you would like to learn?

4. Please feel free, on a separate page, to tell us any other information about how this program might be helpful to you.