

2007 VCUarts Summer Intensive!

*Residency Program for High School Students: Fine Arts, Design Arts and
Performing Arts*

July 8 -27th, 2007

Application for Admission

Student Information:

Today's Date: _____

First Name	Middle Name	Last Name	Nickname
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E-mail Address	Home Phone Number	Cell Phone Number
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Permanent Address (Street, City, State, Zip, Country)

Date of Birth (mm/dd/yyyy)

**The VCUarts Summer Intensive is intended to be a residential learning and living experience. To gain maximum benefit from this program we recommend that all participants reside in the residence halls.*

Student Preference: On-campus housing Daily Commuter

Gender: Male Female

Parent/Guardian Information:

Name(s)	Relationship to Student
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Day Phone	Cell Phone	Evening Phone
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Fax	Email
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Mailing Address	City	State	Zip
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Indicate your area of interest (select only one):

- | | |
|---|---|
| <input type="checkbox"/> Animation | <input type="checkbox"/> 2D and 3D Fine Arts Portfolio Building |
| <input type="checkbox"/> Digital Filmmaking | <input type="checkbox"/> Writing for the Arts |
| <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Fashion Design and Merchandising | <input type="checkbox"/> Dance |

2007 VCUarts Summer Intensive! Application for Admission (continued)

How did you hear about the Summer Intensive?

Newspaper Ad _____ Web Site _____ Former Participant _____ Teacher _____
VCU Open House _____ Postcard _____ Other, please explain: _____

High School Information:

Anticipated graduation date: _____

High School Name

School Mailing Address City State Zip Country

Name of current art or performance teacher:

Ms. / Mr. / Dr. (please circle one)

All applicants must submit the following materials along with their application:

- Teacher Recommendation Form – to be completed by an instructor in your primary interest area or if you have never participated in a course such as the one you are signing up for select any teacher who can speak to your creativity.
- Computer and Internet Acceptable Use Policy agreement signed by the student and a parent or guardian.
- Medical Release Form completed and signed by parent or guardian.

Fine Arts and Design Arts applicants must submit a description (250 words or less) of their experience in their primary area of interest and why they want to attend the Intensive.

Fashion Design and Merchandising applicants please also include any training in sewing and creating clothing, as well as designers/artists who have had a major influence on you.

All Fine Arts and Design Arts applicants please include which artists' work has had a major impact on you. (This includes **all programs except** dance and theatre.)

Dance applicants must submit a one-page resume listing dance training and experience.

Theatre applicants must submit a one-page resume highlighting (1) theatrical training and experience, (2) vocal range and singing experience, (3) dance experience (if any), and a letter stating what their goals are for taking the Intensive.

Tuition and Fees:

All participants pay a \$50 materials and supply fee.

Tuition:

Residential participants: \$2400 (includes a room and all meals)

Commuting participants: \$2025 (includes lunch and dinner meals)

*Fees do not include field trips on both weekends. Accepted students will receive information regarding selecting their field trip preferences.

Parking: Students who bring a vehicle will be required to pay for parking in advance. Cost for parking will be \$5 per day. Do you anticipate bringing a car if you are accepted into the program? _____yes
_____no

Application Fee:

There is a \$50 non-refundable application fee. You may make payments by check or credit card. Please make checks payable to Virginia Commonwealth University - School of the Arts.

Select payment method:

_____ Check Enclosed _____ Credit Card

2007 VCUarts Summer Intensive! Application for Admission (continued)

Credit Card Information: (please circle one) Visa / MasterCard

Card Number _____ Expiration Date _____ Application Fee \$50.00
Name as it appears on credit card _____

Credit Card billing address *if different from address above:*

Street Address _____ City _____ State _____ Zip _____

Signature of Cardholder _____

Does the student have any learning challenges his or her professor needs to be made aware of? ___ Yes ___ No If so, please explain:

Refund Policy: Tuition refunds (minus the non-refundable \$50 application fee and \$300 deposit) will be made to those who cancel their enrollment prior to July 1, 2007. No refunds will be available after that time. (This includes students who decide to leave VCU due to homesickness.)

Certification: We (Student and Parent/Guardian) have reviewed the VCUarts Summer Intensive Refund Policy included in this document, and agree to abide by all established policies and deadlines. Additionally, we understand and agree that VCUarts has permission to use images of participants and their artwork or performances in future publications, presentations and websites.

As parent/guardian, I give _____ (student's name) permission to participate in the program and attend any staff-supervised field trips. I release VCU for any liability associated with field trips.

Parent/Guardian signature

If accepted into the program, I agree to diligently and enthusiastically participate in the program and to treat peers and staff with respect. I agree not to behave disruptively or in a manner that would limit other students' enjoyment or learning. I understand that I may be required to leave the program if I do not adhere to the established rules and regulations.

Student signature

Deadlines and Important Dates:

- **May 14, 2007:** Completed application with all supporting materials and \$50 non-refundable application fee is due to VCUarts Summer Intensive!
- All applicants will be notified of their acceptance or wait-list status prior to **May 21, 2007.**
- **June 1, 2007:** Participant's \$300 non-refundable deposit is due to reserve space in the program.
- **June 21, 2007:** Balance of tuition, supply and parking fees are due for all participants; enrollment is not guaranteed to any applicant whose tuition and fees are unpaid after this date.

Send Applications to:

Mail the *completed* VCU Summer Arts application (including all required supplemental materials) and check or credit card information to:

VCUarts Summer Arts Intensive!
609 Bowe Street, Room 513c
P.O. Box 843047
Richmond, VA 23284-3047

Questions? Contact:
Dr. Mitzi Gregory, Program Director
Phone: 1-866-534-3201 (toll-free)
e-mail: mlgregory@vcu.edu

2007 VCUarts Summer Intensive!
MEDICAL INFORMATION/RELEASE FORM

Participant Name

Today's Date

Is the participant currently taking any medication: Yes ____ No ____
(Please consider both prescription drugs and over-the-counter medication.)

*If the answer is yes, please list each medication on the next page of this form and provide all requested information. **Include prescription drugs and over-the-counter medication** that might be needed for headaches, cramps, insect bites, hay fever, etc.*

Does the participant have allergies to food, medication, insect bites, plants, or anything else about which we should be informed? Yes ____ No ____

If the answer is yes, please describe below: (Does the student have an inhaler or epi pen?)

Does the participant have any medical/emotional problems (i.e., asthma, eating disorders, anxiety disorders, mononucleosis, anemia, heart disease, diabetes, depression, etc.) of which we should be aware? Yes ____ No ____

If the answer is yes, please describe below:

Emergency Contact 1

Home Phone

Cell Phone

Work Phone

Emergency Contact 2

Home Phone

Cell Phone

Work Phone

Insurance Policy Information: Attach a copy of front/back of the insurance card in case medical attention is necessary.

Policy Holder's Name

Relationship to participant

Policy Holder's Address *if different from above*

Insurance Company

Policy Number

Insurance Company Address

Insurance Company Phone

2007 VCUarts Summer Intensive!
MEDICAL INFORMATION/RELEASE FORM (continued)

Participant Name

Please provide the following information concerning all medications that the student is currently taking. Include prescription drugs and over-the-counter medicines that might be needed for headaches, cramps, insect bites, hay fever, etc.

Please send the medication with the student; it will be kept by him or her unless we are notified otherwise.

Name of Medication 1

Why taken

Dosage

Frequency of Dosage

Name of Medication 2

Why taken

Dosage

Frequency of Dosage

Name of Medication 3

Why taken

Dosage

Frequency of Dosage

Name of Medication 4

Why taken

Dosage

Frequency of Dosage

Name of Medication 5

Why taken

Dosage

Frequency of Dosage

2007 VCUarts Summer Intensive!
MEDICAL INFORMATION/RELEASE FORM (continued)

I give permission for, _____ (Participant's Name), to receive medical and emergency care while at Virginia Commonwealth University Summer Arts Program and for a physician or other appropriate medical personnel to treat my child in a manner he/she thinks appropriate, in case of a medical emergency and/or a problem. I authorize the nurse on duty or the chaperon (adult) to administer properly labeled over-the-counter medications that I may designate in writing. Further, I permit my son/daughter to self-administer prescribed medications listed on previous pages of this medical information form. I agree that all medications shall be in original containers, and I waive the right to seek damages against the nurse or the chaperon administering such medication. I understand that I am responsible for the payment of all medical and emergency services rendered to my child.

Please list all medications, including over-the-counter medications that the Participant is allergic to:

Please attach:

- **A Xeroxed copy of the front and back of your insurance card for the health policy (policies) that cover(s) your child. Many health care providers require that the card be presented before care will be provided.**
- **Immunization records, please indicate approximate date of last tetanus shot.**

The above information is complete and accurate to the best of my knowledge.

Parent/Guardian signature

2007 VCUarts Summer Intensive! Teacher Recommendation Form

Applicant fills out this portion

Name of Applicant: _____

Area of Interest indicated on Application _____

Teachers: Please complete remainder of form. Please note that the applicant will not be considered without this form being completed. **In a sealed envelope, please return completed form to the applicant for inclusion in his/her application packet.**

1. What course(s) has the student taken from you?

2. Please use the following rating scale to answer the questions below:

1 = Outstanding 2 = Above Average 3 = Average 4 = Needs Improvement NA= Not Applicable

	Outstanding		Needs Improvement		
a. Imagination/Originality: Develops new concepts and ideas	1	2	3	4	NA
b. Commitment: Demonstrates substantial interest in art form	1	2	3	4	NA
c. Technique/Ability/Skill: Demonstrates expertise/high degree of skill in art form	1	2	3	4	NA
d. Willingness to collaborate: Accepts ideas of others and contributes to group process	1	2	3	4	NA
e. Emotional stability, maturity, and self-discipline	1	2	3	4	NA
f. Openness to new experiences	1	2	3	4	NA
g. Ability to concentrate	1	2	3	4	NA
h. Ability to listen	1	2	3	4	NA
i. Ability to take risks	1	2	3	4	NA
j. Ability to be on time/promptness	1	2	3	4	NA
k. Ability to maintain a high energy level	1	2	3	4	NA

Fill out the following for Theatre applicants only:

a. Ability to trust self and use self	1	2	3	4	NA
b. Ability to dance	1	2	3	4	NA
c. Ability to sing	1	2	3	4	NA
d. Has student sung in a musical? ___ yes ___ no ___NA					
e. If yes, did the student sing in: ___ the chorus ___ featured singer ___NA					
f. Student's vocal range _____ or _____ NA					

Questionnaire continued on next page

2007 VCUarts Summer Intensive!
Teacher Recommendation Form

Applicant fills out this portion

Name of Applicant: _____

Area of Interest indicated on Application _____

Fill out the following for Dance applicants only:

Technique Level:

Ballet: ___ Beginning ___ Intermediate ___ Advanced

Modern: ___ Beginning ___ Intermediate ___ Advanced

Does the applicant have alignment, physical or other problems of which we should be aware?
___ Yes ___ No

If yes, please briefly explain:

All Recommendations: Please comment on student talent, motivation and other qualities that make him or her uniquely qualified for the **VCUarts Summer Intensive:**

Teacher Signature

Printed Name

E-mail address

Phone Number

Name of School

Mailing address

2007 VCUarts Summer Intensive!

COMPUTER & INTERNET ACCEPTABLE USE POLICY

Purpose

To review procedures for the appropriate use of computers at VCUarts Summer Intensive!

General Principles

VCUarts Summer Intensive provides computer equipment and services for academic and artistic purposes only. Academic and artistic purposes include those purposes directly related to an assignment. Access to the Internet is provided to improve learning and teaching through research, collaboration, and use of materials and resources. Access to computers carries responsibility for the proper use of the computing facilities. VCUarts Summer Intensive recognizes that most students are responsible and thoughtful users. The actions of a few irresponsible users, however, can disrupt and interfere with the right of all users.

Procedures

Computer users must abide by the rules set forth. Inappropriate use may result in termination of computer privileges, disciplinary action, and/or other actions determined appropriate, including legal action.

The following are examples of computer and network use infractions that are prohibited for students:

1. Using the computer for purposes other than academic purposes.
2. System tampering (any unauthorized alteration of operating systems, individuals' accounts, software, and/or other programs).
3. Obtaining or using obscene, vulgar, abusive, or inappropriate language, pictures, or other material.
4. Knowingly introducing viruses.
5. Vandalizing, including equipment damage and willful tampering of data or software.
6. Attempting to decrypt passwords.
7. Attempting to gain unauthorized higher level of network privilege and access.
8. Attempting to gain unauthorized access to remote systems.
9. Deliberately interfering with other users.
10. Attempting to libel, slander, or harass other users.
11. Unauthorized copying or transferring of copyrighted materials, including, but not limited to music, movies or videos, or any other violation of Copyright laws.
12. Placing copyrighted material on the network without permission of the author.
13. Plagiarizing, which is the taking of someone's words, ideas, or findings and intentionally presenting them as your own without properly giving credit to the source.
14. Using the computer for illegal activities.
15. Using commercial advertising, chain letters.
16. Using e-mail or Usenet news groups without the director's or a teacher's permission.

2007 VCUarts Summer Intensive!

COMPUTER & INTERNET

STUDENT USER AGREEMENT AND PARENT PERMISSION FORM

As a user of computers and Internet Services provided by the VCUarts Summer Intensive and Virginia Commonwealth University, I agree to comply with the stated Computer & Internet Acceptable Use Policy of the VCUarts Summer Intensive! I understand that violations of this policy may result in a loss of access to computers and Internet services as well as other disciplinary or legal action.

Name of student _____

Student signature _____

Date _____

As the parent or legal guardian of the student signing above, I hereby grant permission for my son or daughter to use the computers and Internet services provided by Virginia Commonwealth University and the VCUarts Summer Intensive! I have read the stated Computer & Internet Acceptable Use Policy and understand that individuals and/or families may be held liable for violations of this policy. Violations may result in a loss of access to computers and Internet services as well as disciplinary or legal action. Acknowledging that some materials on the Internet may be objectionable, I accept the responsibility of helping to convey appropriate standards for my son or daughter to follow when selecting, sharing, or exploring information and media.

Parent/guardian signature _____

Date _____

2007 VCUarts Summer Intensive!

Application Checklist:

Please use the list below to carefully check off **each item** to be certain that your application is complete **BEFORE** sending it in.

- Signed application
- \$50 non-refundable application fee
- Medical Information/Release Form (completed and signed)
- Attach immunization record and indicate approximate date of last tetanus shot.
- Attach a copy of the front and back of your insurance card.
- Teacher Recommendation (completed and signed)
- Essay (for Visual Arts and Design applicants only)
- Resume (for Theatre and Dance applicants only)
- Computer and Internet Usage Agreement (completed and signed)
- Did you check a box regarding on campus housing vs. commuting on page 1?
- Did you check a box regarding whether or not you will need a parking space reserved on campus on page 2?