**The Art Institute of Boston at Lesley University**
**Young Artist Residency Program Application for**
**Summer 2013**

July 7, 2013 – August 3, 2013

**Application Deadline: May 17, 2013**
**International Application Deadline: March 8, 2013**

**Application Checklist:**

- Application and Housing Form
- $35 non-refundable application fee
- Portfolio of 5 to 10 labeled samples of artwork *(slides, digital, or photos)*
- Current high school transcripts

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____

Student Email Address _____

Birthdate _____Age _____ Gender Male _____ Female _____

Social Security Number _____

High School _____ Current Year in HS _____

Please check one or more of the following racial categories to describe yourself:

☐American Indian/Alaskan Native ☐Asian ☐Black or African American
☐Native Hawaiian/Pacific Islander ☐Hispanic/Latino ☐White ☐Other (specify) _____

US Residency Status (*Please circle)*

Citizen Resident Alien Alien International Applicant

Registration number _____

How did you hear about our Residency Program? (*Please circle)*

Web Mailing Portfolio Day Friend Art Teacher Guidance Counselor Email Other

Name of Parents or Guardian _____

Parents/Guardian's Daytime Phone _____

Parents/Guardian's Evening Phone _____

Parents/Guardian's Work/Mobile Phone _____

Name of Art Teacher _____

School Phone Number _____

What are your areas of interest in art?

_____

_____

What are your personal goals for this program?

_____

_____

_____

_____

_____

_____

_____

Regarding your portfolio, which is your favorite piece and why?

_____

_____

**Certification** (*For all Applicants and Parents or Guardians)*

I certify that, to the best of my knowledge, all of the information contained in this document is true and current. I understand that the penalty for falsified information will be immediate dismissal. I agree, if accepted, to abide by the rules and regulations of the Art Institute of Boston at Lesley University. I understand that any deviation may result in immediate dismissal from the University and all fees forfeited; or if I withdraw for any reason, I must abide by the refund schedule. I understand that the program fee of must be paid in full prior to the start of the program.

Student's Signature _____ Date _____

Parent or Guardian's Signature _____Date _____

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**Housing Questionnaire**

Have you traveled for a class trip or attended a residency program before? No _____

If yes, which program were you enrolled in and for how long?

_____

_____

How and with whom would you be traveling to Boston?

_____

Have you visited Boston before? Yes _____ No _____

Do you have relatives and/or family friends in the Boston area?

_____

_____

Do you have any medical conditions that require special living arrangements? If so, please be specific in your description.

_____

_____

Do you have any special dietary needs or requests? (*Please circle any preferences below)*

No Preference No Red Meat Vegetarian Vegan Lots of Snacks Other

Do you have any food or medicine allergies?

_____

_____

Please note: We cannot guarantee accommodation of special dietary or housing needs unless we are notified at the time of application.

**Emergency Contact Information**

Please name whom we should contact in case of emergency?

_____

Relationship to you _____

Daytime Phone

_____

Evening Phone

_____

Mobile Phone

_____

**Housing Preferences**

*The following questions are optional. If provided, your comments will assist us when making room assignments and planning evening and weekend activities.*

How do you like to spend your time when you are not making art?

_____

_____

What kinds of extra activities would you like to do while you are in Boston?

_____

_____

_____

_____

_____

Do you have a request or preference for a particular roommate? If not, your roommate will be assigned based upon the information you provided.

_____

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**Course Registration Form**

Name_____

| Course Code | Course Title | Days | Time Block |
|---|---|---|---|
| | | M + W | 9:30 am – 1:00 pm |
| | | M + W | 2:00 pm – 5:30 pm |
| | | T + TH | 9:30 am – 1:00 pm |
| | | T + TH | 2:00 pm – 5:30 pm |
| | | Friday | 9:30 am – 1:00 pm |
| | | Friday | 2:00 pm – 5:30 pm |

Alternate Courses

_____

_____

## Policies

Residency Students must have a full schedule of morning and afternoon classes, 5 days per week**. For Friday classes, you must choose either one 1 credit course that meets all day or two non-credit courses that meet either in the AM or PM.**

See Summer Pre-College program brochure for course descriptions or go to www.aiboston.edu.

Upon passing completion of the residency program (including participation in extra activities), you will receive 6 college credits.

Residency students fall under rules and policies stated in the Residency Application Packet and Handbook.

Please send in this registration form along with your application (courses can fill up).

Payment for courses and materials is built into the Residency Program rate.

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***Optional* Teacher Recommendation Form**

Name of Teacher_____
High School_____
Work Phone_____Home Phone_____
Email_____

The AIB Summer Residency Program is a four-week intensive program for High School students who will be entering their junior or senior year Fall 2013. Students choose a schedule of studio classes from our regular Summer Pre-college Program and earn 6 college credits while living in the Lesley University dormitories. Additional activities showcase the art and culture of the Boston area.

I recommend _____

Please comment about this student's artwork and the seriousness with which he/she approaches their work.

_____

_____

_____

_____

How well do you think this student will perform in our residency program? Residency students will be expected to abide by the stated rules, be punctual, reliable, and trustworthy and participate in required evening and weekend activities.

_____

_____

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