



Side by Side
New York State
2008-2009
Student Application

Application Deadline November 30, 2008

Section I. Completed by Teacher

Student name: _____

Name of referring teacher: _____

School Address: _____

School Phone: _____ Fax: _____

Email: _____

How long have you known and worked with this student?

How do you think this student would benefit from being enrolled in the program?

Is there anything you would like to share with us about this student that will help us when matching him/her with a Teaching Artist?





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Is there a specific visual art discipline your child would like to work in during the Side By Side program? (ceramics, painting, sculpture, drawing, etc.) _____

If you grant NYSAAE permission to use photographs and/or biographical information about your child, please check the boxes below.

- Photographs biographical information

I, _____, hereby grant NYSAAE permission to use, distribute, and release images of all artworks and hold NYSAAE harmless for any such use for purposes of promotion of NYSAAE's Side by Side program through the following media, including but not limited to print, radio, television, electronic and Internet media (website) coverage. I also understand that ownership and copyright of the collaborative work(s) that my child creates with his/ her partner artist will become property of NYSAAE.

I, _____, agree to have one parent and/or guardian present at each workshop during the 6 week residency to assist my child if needed.

Participant name

Date

Parent or guardian signature

Date

Please send completed applications to:

Sharon Scarlata
Attn: Side by Side
PO Box 2217
Albany, N.Y. 12220

You may download an application via the web at: vsartsnys.org/sidebyside.htm

Please contact Sharon Scarlata at Sharon@nysaae.org, or 518-486-7328 for assistance.