



**The I CREATE FELLOWSHIP: Supporting Young Men of Color in Creative Careers
FELLOWSHIP APPLICATION: Due Tuesday, May 1st, 2018 at 4:00 PM.**

HOW TO APPLY:

Please drop off in person at Working Classroom, 423 Atlantic Ave. SW 87102 OR scan and email to iCREATE@workingclassroom.org. In addition to your application, please attach the following supporting documents:

- Your most recent report card
- One letter of recommendation from a teacher, counselor, principal, or mentor, in a sealed and signed envelope (or emailed directly to iCREATE@workingclassroom.org by the recommender)
- One creative work that represents you or your ambitions (for example, a drawing, a video, a photo or a piece of writing)

ABOUT THE FELLOWSHIP:

The I CREATE Fellowship is a yearlong fellowship for rising 9th – 11th graders* who self-identify as young men of color. We are accepting a total of 12 fellows/candidates who are interested in a creative career related to visual art, printmaking, video, or performance. The Fellowship begins June 11th, 2018 through the end of April 2019 and meets Mondays and Wednesdays, twice a week 4:30 pm – 7:00 pm during the Spring and Fall semester and more intensively during the summer paid internships (up to 5 hours per day, 5 days per week for 4 to 6 weeks). Students who participate in the Fellowship will receive college prep and career coaching, as well as opportunities for creative career professional development and a variety of paid internships. Upon completion of the program, and to assist with making the goal of college attendance a reality, students will receive a \$500 education award and may become eligible for up to an additional \$1,000 in matching funds through Prosperity Works.

*12th graders considered on a case-by-case basis.

Benefits of Fellowship:

- Free tuition to all Working Classroom workshops during the 1-year fellowship
- College application coaching
- Mentorship with professional artists
- Opportunity to apply to paid artistic internship during summer 2018
- Opportunities to exhibit and show your artwork
- A \$500 education award upon completion of the program

Fellowship Commitments:

- 1-year commitment (June 11th, 2018 – April 2019)
 - Attend a total of three workshops, one per semester for approximately 30-50 hours per workshop, a total of 90-150 hours. Not including the college readiness portion. (*Note: Due to the amount of time needed to complete this fellowship, students should consider limiting other commitments.*)
- Apply for and participate in the Summer 2018 I CREATE Internship
- Enroll in the I CREATE Fall 2018 and I CREATE Spring 2019 after school workshops during school year
- Enroll in the I CREATE College Prep workshop
- Complete a final artwork, presentation or collaborative project for the Spring 2019 final exhibition
- Commitment to participating in bi-monthly academic or life skills workshops and assignments: researching and applying for scholarships and financial aid, researching colleges and community events

I CREATE APPLICATION

Working Classroom (WC) provides high quality programs that incorporate the arts, academics and social action. WC supports students in reaching their full artistic and academic potential. We provide beginning, intermediate and conservatory level workshops in **Theater, New Media and Art**.

Student Information *Información del estudiante*

Date / Fecha: _____

First Name / Nombre _____ Last Name / Apellido _____

Birth date / Fecha de nacimiento _____ Age / Edad _____

Female / Mujer Male / Hombre _____ Fill in the blank / Llene el espacio en blanco

School / Escuela _____ Grade / Grado _____

Address / Dirección _____

City / Ciudad _____ State / Estado _____ Zip code / Código Postal _____

Student Cell phone / Número celular _____ Student Email / Correo electrónico _____

Student Preferred Language / Idioma preferido del estudiante _____

Parent / Guardian Information / Información de padres o guardianes:

Name / Nombre	Relationship / Parentesco	Main Phone / Teléfono preferido	Work Phone / Teléfono del trabajo	Email / Correo electrónico	Preferred language / Idioma preferido

Student Information Información del estudiante:

➤ **Ethnicity / Etnia (Select one / Elija una)**

- Hispanic or Latino / *Hispano o latino* Not Hispanic or Latino / *Ni hispano ni latino*

➤ **Race / Raza (Select all that apply / seleccione todas las que correspondan)**

- | | |
|---|--|
| <input type="checkbox"/> Mixed race / <i>Mestizo</i> | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander / <i>Nativo de Hawaii / Otro isleño del Pacífico</i> |
| <input type="checkbox"/> White / <i>Blanco</i> | <input type="checkbox"/> American Indian / Alaskan American / <i>Indio Americano / Americano de Alaska</i> |
| <input type="checkbox"/> Black / African American / <i>Negro / Afro-americano</i> | <input type="checkbox"/> Unknown/ <i>No se</i> |
| <input type="checkbox"/> Asian / <i>Asiático</i> | |

➤ **How will the student get home from the program? / ¿Cómo llegara del programa a casa el estudiante? :**

- Walk / *Caminando* Parent / Guardian Pick-Up / *Ira por ella un familiar* Bus / *Autobús* Other / *Otro:* _____

➤ **Education Programs you participate in / Si participa en programas especiales por favor indique:**

- | | |
|--|--|
| <input type="checkbox"/> Bilingual program / <i>Programa bilingüe</i> | <input type="checkbox"/> Homeless / <i>Sin hogar</i> |
| <input type="checkbox"/> ESL/LEP / <i>programa de inglés como segundo idioma</i> | <input type="checkbox"/> Gifted / <i>Sobresaliente</i> |
| <input type="checkbox"/> Special Education / <i>Educación especial</i> | |

➤ **How did you find out about our program? / ¿Cómo se enteró del programa? _____**

➤ **Is the student allergic to any foods, medications, etc.? / ¿Tiene alergias el estudiante? No Yes / Si (If yes, please explain / explique)**

➤ **Does the student have medical/ physical /mental disabilities or conditions that limit or prevent them from participating in activities? Ex. diabetes, epilepsy, ADHD etc./¿Tiene el estudiante restricciones médica o discapacidad que previene participar en actividades? Por ejemplo: diabetes, epilepsia, etc.:**

➤ **List any type of medication the student is taking / Enumere los medicamentos que esté tomando el estudiante:**

Emergency Contacts (Other than parent / guardian) / Contactos de emergencia (aparte del padre / guardian):

Name/ Nombre	Relationship/ Parentesco	Preferred Number/ Teléfono preferido	Work Phone / Teléfono de trabajo	Preferred language/ Idioma preferido

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a. Who does the student live with? / *¿Con quién vive el estudiante?*

b. List other children living in the home / *Otros niños que viven en el hogar:*

_____ Age / Edad _____

_____ Age / Edad _____

_____ Age / Edad _____

_____ Age / Edad _____

_____ Age / Edad _____

c. Single parent home / *Padre o madre soltero/a* Yes / Si No

d. Grandparents primary guardians / *Abuelos a cargo del estudiante* Yes / Si No

e. Will the student be the first in the family to go to college? / *El estudiante será el primero en la familia de asistir al colegio*

Yes/Si No

f. What is your annual household income / *¿Cuáles son sus ingresos anuales?*

below \$20,000 / menos de \$20,000

\$20,000 - 39,999

\$40,000 - 59,999

\$60,000 – 79,999

\$80,000 – 99,999

above \$100,000 / más de \$100,000

g. Parent's/Guardian's Occupation / *¿A qué se dedican los padres/guardianes?*

1) _____ 2) _____

Feel free to list additional information or special circumstances that affect your family's income /

Anote cualquier información adicional o circunstancias especiales que afecten su situación financiera:

PARENT/GUARDIAN PERMISSION FORM
Formulario de permiso de padres/guardianes

PHOTO RELEASE
Autorización de para la publicación de fotos

During the program, photographs or video recordings may be made of students performing various activities. These might be used in the newspaper, a flyer/brochure and/or our web sites for promotion of the program.

Durante el programa, fotografías o grabaciones de video pueden ser tomadas de los estudiantes mientras realizan diversas actividades. Estos medios pueden ser usados en el periódico, un folleto, y en nuestros sitios web para la promoción del programa. Por favor, seleccione una de las siguientes opciones:

I give permission to use my child's photos/videos in the manners described above.
Yo doy permiso para usar fotografías/videos de mi hijo/a de la manera descrita arriba.

I DO NOT give permission to use my child's photos/videos in the manners described above.
NO DOY permiso que usen fotografías/videos de mi hijo/a de la manera descrito arriba.

MEDICAL RELEASE
Autorización de documentos médicos

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the student listed on this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable attempts to contact the emergency contact. I understand that all reasonable precautions will be taken for safety at all times. I further release Working Classroom, a 21st Century Community Learning Center, and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Yo, siendo una persona autorizada por ley para dar dicha autorización, doy mi permiso para que se le de tratamiento médico de emergencia al estudiante mencionado en este formulario. Entiendo que se harán intentos razonables para ponerse en contacto conmigo tan pronto como sea posible después de que sucede una condición que requiera tratamiento, si no pueden localizarme, procedan con el tratamiento. Yo entiendo que se tomarán todas las precauciones necesarias para la seguridad en todo momento. Yo libero a Working Classroom, un 21st Century Community Learning Center, y todas las personas relacionadas con esta organización de cualquier responsabilidad asociada con cualquier accidente, lesión o enfermedad de la persona que es el sujeto de esta forma.

SIGNATURE REQUIRED ON NEXT PAGE / FIRMA REQUERIDA AL REVERSO

Student Signature/ Firma del estudiante

Date / Fecha

Parent Signature / Firma del padre, madre o guardián

Date / Fecha

Short answer questions for student applicant:

Please answer the following questions honestly and in complete sentences. You may attach your answers on a separate sheet if necessary.

- I. The I CREATE Fellowship is a program that requires a serious commitment of, at minimum, 5-8 hours per week during the school year and 20-25 hours per week during the summer. Occasional Saturdays may be required.
 - A. Please explain how you plan to commit and prioritize time to this fellowship.
 - B. Please describe any other commitments you have afterschool and on weekends (family, school, work, clubs, etc.)

2. Imagine yourself in 10 years. How do you see yourself as a part of your community? (local and/or global).

3. What are you interested in studying in college and/or pursuing as a career?

4. Explain why you want to be a part of the I CREATE Fellowship, and what you think the Fellowship can do for you.

5. What role do you think art (whatever your definition of art is) plays in communities, individual lives, and/or social movements?

If you have any questions about this application, please contact us at 505.242.9267 or email iCREATE@workingclassroom.org.

Parent/Guardian Questions (*Preguntas para los padres/guardianes*):

As a fellow in Working Classroom's I CREATE Fellowship, your student will be coached and supported to grow their artistic and life skills. This fellowship is a partnership between Working Classroom and your family. During the program, he will:

Have access to all of Working Classroom's art and/or new media workshops free of cost and apply for paid internships. Please answer these honestly and openly, with a few sentences.

Como becario en el Fellowship de Working Classroom, su estudiante será aconsejado y apoyado en que desarrolle sus habilidades de vida e artística. Este Fellowship es una asociación entre Working Classroom y su familia.

Durante el programa el tendrá:

Acceso a todos los talleres de artes o de nuevas medias en Working Classroom libre de costo, y poder aplicar a las posiciones pagadas de interno.

I. What are your goals, dreams and vision for your student?

I. ¿Que meta, sueño, o vision tiene para su estudiante?

2. The I CREATE Fellowship is a program that requires a serious commitment from your student of, at minimum, 5 - 8 hours per week (to include college prep workshop, art or theater workshops, one on one academic coaching and tutoring). It is your student's responsibility to commit time to this program. However, please explain how you plan to ensure that this fellowship fits into your schedule as a parent, or explain any concerns you have about this commitment.

2. El Fellowship YO CREO es un programa que requiere un compromiso serio de su estudiante que por lo minimo sera 5-8 horas a la semana (que incluye un taller de preparación para la universidad, un taller de teatro o arte, entrenamiento académico, y tutoría). Es la responsabilidad de su estudiante que comprometa tiempo a este programa. Sin embargo, por favor explique cómo planea usted a asegurarse que este fellowship se ajuste a su horario como guardian del estudiante. O explique si tiene alguna preocupación que tenga de este compromiso.

3. Please let us know how we can support you as a parent through this Fellowship. (Is there anything you don't understand or would like to know more about?)

3. Por favor déjenos saber en qué forma podemos apoyarlos como padres durante este Fellowship. (¿Hay algo que no entienda o le algo que le gustaría saber más?).

Parent Signature/Firma del padre, madre o guardián: _____

Date/ Fecha: _____