

# Experience It Yourself!

## School of Media Arts Student Application Form

I wish to participate in the auditions for the 2010 School of Media Arts.

I plan to use Method 1 and mail my media work to Albany to be received by March 31, 2010

**OR**

I plan to use Method 2 and show my work at one of the following regional Youth Media Arts Shows

Capital Region

Long Island Region

Lower Hudson Region

New York City

Western Region

**Please Print Or Type**

**Please Duplicate Additional Applications As Needed**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Current Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ Student Email Address **(Please print clearly)** \_\_\_\_\_

School \_\_\_\_\_ Principal \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Media Teacher(s) \_\_\_\_\_ Email Address \_\_\_\_\_ School Telephone \_\_\_\_\_

**I am submitting work in:**  Computer Arts  Chemical Photography  Digital Photography  Film  Video

**I am applying for:**  Computer Arts  Chemical Photography  Digital Photography  Film  Video

Have you attended the School of Media Arts in the past?  Yes  No

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Names of Parent/Guardian

Mail to:

New York State Summer School of the Arts  
State Education Department  
89 Washington Avenue  
Room 866 EBA  
Albany, NY 12234  
Fax: 518-473-0770