Dear Prospective Student,

Thank you so much for applying to UTSA's Teen Studio Intensive program. We are excited to review your application. We believe that by creating a thorough application process we can ensure that our students are committed to dedicating time, effort, and their creativity to the Teen Studio Intensive Program. We are searching for students who are self-motivated and interested in increasing their art techniques, knowledge and skill while also sharing their talents with our community. We offer a high-quality program and have high expectation for our students. In turn, we expect to meet the high expectation that students and parents have for us.

Our goal is to provide an all-inclusive program with high quality arts experience for teens to create a well-rounded, community minded, articulate, successful, and committed generation of young artists. Our priority is to prepare the art student with the knowledge and skills necessary to be successful in the art school setting and beyond.

Teen Studio Intensive hours will be held Monday – Thursday from 4:30-7:00pm. Students will be required to attend two evenings a week either on Monday/Wednesday or Tuesday/Thursday. There will be some weekend workshops and community service hours outside of the regularly scheduled studio times. Students will be placed in a session based on their portfolio and will be responsible for maintaining a satisfactory attendance of at minimum 70% of the program. This is important since we have other students who want to be in the program too.

To be considered, please complete the following application paperwork, and submit it to kimberly.bishop@utsa.edu. **Please write “Teen Program Application,” in the subject line.** Students will then be selected for an interview. At the interview we ask that students bring several art works that they are most proud of to share with us.

If selected for the program, students are required to pay a $300 studio fee per semester (fall/spring) they are in the program. There may be fee assistance available for students who qualify.

If you have any questions, please do not hesitate to contact me or Director of Young Artist Programs, Patricia Morales.

Kim Bishop  
Teen Program Coordinator  
kimberly.bishop@utsa.edu  
210-200-8266

Patricia Morales  
Director, Young Artist Programs  
patricia.morales@utsa.edu  
210-200-8213

**APPLICATION MATERIALS:**
- Student Application
- Medical Information/Release Form
- Media Release Form
- Student Agreement
- Student Questionnaire
- Pick Up Form

**Important Dates:**
- **Deadline to Apply**  
  August 31, 2023
- **Interviews & Portfolio Review**  
  Saturday, September 2nd & 9th  
  9:00-5:00pm
- **Classes Begin:**  
  Monday, September 18  
  4:30-7:00pm

*There will be some weekend workshops/fieldtrips, dates TBA*
TEEN STUDIO INTENSIVE | STUDENT APPLICATION

This high-quality arts program provided by University of Texas San Antonio is available at minimal cost to students due to the dedication of our funders and patrons. To keep this program subsidized, we are required to collect information on the students and families we serve. Please take time to complete this form. University of Texas San Antonio’s recruitment process is competitive, and interviews are scheduled based on all application materials received from each student.

Student Information

Student Name: ________________________________________________________________

(Please Print) First: ___________________________ Last: ___________________________

Date of Birth (mm/dd/yy) ___________________ Age: __________ Returning Student? ___Y___N

Address: ________________________________________________________________ City: ___________________________ State: TX

Zip Code: _______________ Grade: ___________ School Name: ____________________________

(Fall 2021)

School District: ___________________________________________ Student Email: _________________________

Student Phone(s): Home ___________________________ Mobile: ___________________________

Ethnicity/Race: __Hispanic/Latinx __Caucasian (White) __African-American __Asian American

__Native American/Alaskan Native ___Multiethnic (please specify)________________________

This information is used for grant purposes

What other extracurricular activities/obligations are you involved with that may conflict with this program? Be specific with days/times: ______________________________________________________________________

________________________________________________________________________________________

Parent/Guardian 1 Information

Relationship to Student: ______________________________

Parent/Guardian Name: ___________________________ Email Address: _______________________________

Best Phone # to Reach You: ___________________________ 2nd: _______________________________

Address: ___________________________________________ City: ___________________________ State: __________

Zip Code: _______________ Occupation: ___________________________ Employer: ___________________________

If your student is accepted, could we add you to our list of parent volunteers? ___Yes____Not currently

Parent/Guardian 2 Information

Relationship to Student: ______________________________

Parent/Guardian Name: ___________________________ Email Address: _______________________________

Best Phone # to Reach You: ___________________________ 2nd: _______________________________

Address: ___________________________________________ City: ___________________________ State: __________

Zip Code: _______________ Occupation: ___________________________ Employer: ___________________________

If your student is accepted, could we add you to our list of parent volunteers? ___Yes____Not currently

How did you learn about this program?

___Teacher: (name)_________________________ ___Former/Current Student: (name)____________________

___Flier ___Article ___Web ___Social Media ___Other (please specify) _________________________________

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TEEN STUDIO INTENSIVE | MEDICAL INFORMATION AND RELEASE FORM

Student Information
Student Name: ______________________________________________________________________
(Please Print) First Last

Date of Birth (mm/dd/yy): ____________________ Gender: _______ Non-Binary: Yes No

Please check all that apply:
- Allergies Y/N
- Medicine________________________
- Food________________________
- Environment________________________

What are your student’s preferred pronouns?

Currently on any Medications?

Any behavioral, emotional, or learning challenges?

Primary Care Physician: ______________________________________________________________________

Phone Number: _________________________

Emergency Contact Information [Another person to notify if parent/guardian is unavailable]

Name (First. Last): ____________________________ Phone Number: ____________________________

Relationship to Student: ________________________________________________

Medical Consent/Release:
As the parent/legal guardian of __________________________________, I request that in my absence the above-named minor child be admitted to any hospital or medical facility for diagnosis and treatment in the event of an emergency. I request and authorize physicians, nurses, dentists, and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above-named child. I have not been given any guarantee as to the results of any treatment performed on the above child. I hereby accept financial responsibility for all medical treatment necessary to be administered to the above-named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act on my behalf until I have been contacted: UTSA.

General Release
I understand the above named child assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named, heirs, executors, administrators assign, or as I may have, against Southwest School of Art, its directors, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation.

Parent/Guardian Name (Print)__________________________ Relationship to Student__________________

Please check all that apply:
- Allergies Y/N
- Medicine________________________
- Food________________________
- Environment________________________

________________________
________________________
I/we hereby give permission and authorize UTSA, its agents, officers, and employees to create, use, reproduce, assign and /or distribute photographs, films, video, digital images, and sound recordings of this participant for use in materials they create for publicity and/or for documenting Teen Studio Intensive participation in an organized fundraising, event or activity at any time and without prior notification.

I/we agree and consent that University of Texas San Antonio will not be held responsible for a misappropriation of the photos, videos, film and/or audio recordings by any member of the public or anyone else.

I have read the foregoing release, authorization, and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Student: ___________________________________________________________

Please Print

Name of Parent or Guardian: ___________________________________________________

Signature of Parent/Guardian: _______________________________________________

Date: ______________________
TEEN STUDIO INTENSIVE | STUDENT AGREEMENT

The University of Texas San Antonio is committed to providing high quality art experiences for all our students, encouraging excellence, leadership and a commitment to themselves and the artistic process. To do this, Southwest School of Art will observe the following program policies.

Commitment
Participants must:
- Attend a minimum of two studio sessions a week.
- Maintain an attendance rate of at least 70%. Excessive absences & failures to commit to project requirements will lead to disciplinary action.
- Complete projects in a timely manner.
- Participate in scheduled Teen Studio Intensive community-based activities/fieldtrips.
- Have reliable transportation to and from UTSA Southwest Campus. If transportation is a barrier, please contact Kim Bishop by emailing kimberly.bishop@utsa.edu

Studio Practice
- Daily temperature checks will take place before entering studio. Masks will be worn while students are inside the studio until further notice. Hands will be washed/sanitized prior to working with studio materials. COVID updates can be found here.
- Studio areas must be cleaned/sanitized daily before leaving.
- Participants must be respectful of themselves, others, materials, studio equipment and artwork.
- No visitors are allowed in the Teen Studio Intensive studios at any time
- Drugs, weapons, and abusive language (including music) will not be tolerated in the studio.
- Participants are expected to be positive and productive members of this program for themselves and their fellow teen artists.
- Participants will not be allowed to leave campus during program hours without parental permission and without notifying staff. Students will only be released to individuals noted on a pick-up form (attached)

Further Requirements
Equipment: The use of the University of Texas San Antonio printers, copiers, art materials and other equipment should be limited to projects that fall within the context of the program. The use of this equipment for personal use is prohibited unless preauthorized by the Teen Coordinator.

Program Reviews: Students are required to participate in program reviews throughout the course of their time in the Teen Studio Intensive program. The Teen Program Coordinator will schedule these reviews throughout the year which will explore the students’ attendance, performance, attitude and will gauge the student’s continuation in the program.
Communication: Teen Studio Intensive requires that participants and their parents/guardians keep an open line of communication with program staff – this includes, but is not limited to changes in contact information (i.e., address, phone number, email address, schools, etc.), issues with attendance, scheduling conflicts, family emergencies and other issues families feel are important to share with staff.

Disciplinary Action: Students who do not abide by the requirements will be subject to disciplinary action. First, the student will be given a written warning. Second, a meeting will be called with the student and the parent/guardian. Third, If the problem persists, the student will be dismissed from Teen Studio Intensive with no refund of fees paid. If a participant commits an act of violence, brings any unlawful items to campus, or participates in an event that is severe, they will be dismissed from the program effective immediately.

Parents/Guardians are expected to:

- Assure that the student has reliable transportation to and from UTSA Southwest Campus. If transportation is an issue or concern, please contact Kim Bishop at Kimberly.bishop@utsa.edu
- Support the student’s commitment to this student agreement in all areas.
- Attend Parent/Student Orientation, exhibitions, and parent workshops (dates tba)
- Have open communication with Teen Program Coordinator at kimberly.bishop@utsa.edu with any concerns, questions and/or compliments

These requirements are asked of students to ensure the wellbeing of all participating students and to support student success, program goals, and professionalism. The University of Texas San Antonio expects that this agreement will be honored.

Student Printed Name: ________________________________

Student Signature: ________________________________ Date: ______________

Parent/Guardian Printed Name: ________________________________

Parent Guardian Signature: ________________________________ Date: ______________

Teen Program Coordinator: ________________________________ Date: ______________

Director, Young Artist Programs: ________________________________ Date: ______________
TEEN STUDIO INTENSIVE | QUESTIONNAIRE

To get a better sense of where applicants are in their own art practice, as well as commitment and interest in Teen Studio Intensive, we request that all students complete the following short questionnaire. Students’ answers will be used to determine their participation in the program and to gauge whether the Teen Studio Intensive is a program that would be beneficial to them.

1. What is your favorite art process? Drawing, painting, printmaking, sculpture, ceramics or other. Please briefly explain why.

2. What is your favorite medium? And explain how and why you use this in your work.

3. What art medium, process and/or technique are you most interested in learning about in this program?

4. How do you feel this program will benefit you?

5. What superpower do you bring that will benefit this program?
TEEN STUDIO INTENSIVE | PICK UP FORM

The following individuals have permission to pick up my student from Teen Studio Intensive:

Name: ____________________________________________________________

Name: ____________________________________________________________

Name: ____________________________________________________________

Name: ____________________________________________________________

Name: ____________________________________________________________

Parent/Guardian Signature: ____________________________ Date: ____________

For students ages 16 and up, they can check themselves out and transport themselves from the program with parental permission.

I give my student (name)______________________________ permission to check themselves out of the program and to transport (drive/bus) themselves to and from Teen Studio Intensive.

Parent/Guardian Signature: ____________________________ Date: ____________