Experience It Yourself!

School of Visual Arts Student Application Form

I wish to participate in the auditions for the 2013 School of Visual Arts.

Select Audition Site:

- ○ Albany
- ○ Binghamton
- ○ Buffalo
- ○ Long Island
- ○ New Paltz
- ○ New York City
- ○ Rochester
- ○ Syracuse
- ○ Westchester

OR ○ I plan to mail my portfolio directly to Albany

PLEASE PRINT CLEARLY

Student's Name | Age | Date of Birth | Gender

Current Street Address | City | State | Zip Code | County

Student Cell Phone | Student Email | Current Grade

Parent Cell Phone | Parent Email | Parent Home Phone

School | Principal | School Telephone

School Address | City | State | Zip Code

Art Director/Teacher | Email Address | School Telephone

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

- Included with my application form is my Statement of Artistic Intent : ○ Yes ○ No
- I understand every precaution will be taken in handling art works; however, the sponsoring organization cannot assume responsibility for work at region Selection Sites or in transit. Every effort will be made to see that work in protected and retuned intact.

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
Office of Cultural Education
222 Madison Avenue
Room 10D79
Albany, NY 12230

Student's Name: _____

Statement of Artistic Intent (to be completed by student and mailed with application form)
Please write a brief statement about your artwork and what you would like to learn from the NYSSSA School of Visual Arts.
Please feel free to use extra paper if you wish.