

Center For Creative Youth Application Form (Type Or Print Clearly)

Major Art Form (Choose Only One)

<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Photography	<input type="checkbox"/> Musical Theater: Vocal Range: _____	Date Received (for office use only)
<input type="checkbox"/> Dance	<input type="checkbox"/> Technical Theater	<input type="checkbox"/> Music Instrument: Primary: _____ Other: _____	
<input type="checkbox"/> Filmmaking	<input type="checkbox"/> Theater	<input type="checkbox"/> Music Vocal: Vocal Range: _____	
		<input type="checkbox"/> Visual Arts	

Name _____

Birthdate _____ Age _____

Permanent Address _____

City _____ State _____ Zip _____ Telephone _____

Male Female Grade in Fall of 2008 _____ Second Language Spoken _____

Name of Schools (Full- and Part-Time) _____

Address of School (REQUIRED) _____

City _____ State _____ Zip _____ Telephone _____

Arts Teacher/Advisor Submitting Recommendation _____

Non-arts Teacher/Advisor Submitting Recommendation _____

Name of Parent/Guardian (1) _____

Home Telephone _____ Business Telephone _____ Cell Phone _____

Name of Parent/Guardian (2) _____

Home Telephone _____ Business Telephone _____ Cell Phone _____

Parent/Guardian Email Address _____ Student Email Address _____

How Did You Hear About CCY?

<input type="checkbox"/> Family/Friend _____ <small>Name</small>	<input type="checkbox"/> Summer Fair _____ <small>Location</small>	<input type="checkbox"/> School Contact _____ <small>Name</small>
<input type="checkbox"/> Alumni _____ <small>Name</small>	<input type="checkbox"/> Presentation _____ <small>Location</small>	<input type="checkbox"/> Other _____ <small>Name</small>
<input type="checkbox"/> Internet _____ <small>Name of Website</small>	<input type="checkbox"/> GHAA	

Are You Applying for Financial/Scholarship Aid? Yes No Note: In CT, local school boards do **NOT** automatically award or assign aid. You **MUST** fill out reverse side of this sheet to be considered for **ANY** aid. **Please see next page for more information.**

2008 SUMMER PROGRAM - June 29 to August 2
SCHOOL OF ROCK - June 29 to July 11

Total cost: \$4,100 (\$2,000 Tuition + \$2,100 Room & Board)
Total Cost: \$1,800 (Residential only, not a day program)

I understand that the Center for Creative Youth involves a five (5) week or a two (2) week summer residency and includes an arts leadership project (5 weekers only) completed during the school year. Successful completion of the CCY program will make me eligible to receive academic credit if my district's policy provides it (5 weekers only). If I want the academic credit, prior to the start of the program I understand I must contact my school district/board of education to determine our district's policy regarding credit for CCY. This does not affect the admissions process, and regardless of whether I receive academic credit, I want to attend CCY 2008. I also understand there are **no refunds** after the start of the program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

In addition to the information above, you MUST provide the following. Applications will not be reviewed until we have all materials.

- 1. Autobiographic Statement:** On a single sheet of paper, please describe what you do in the arts and in leadership activities either in or out of school. Include ways you express and develop your talents (classes, lessons, performances). Describe why the arts are important to you, and what you expect to get out of your CCY experience.
- 2. Recommendations:** Ask an arts teacher or advisor to fill out the detachable form in this brochure. Ask a second teacher (who is NOT an arts teacher), guidance advisor or adult in the community to write a letter of recommendation (or submit a duplicate of the CCY recommendation form) that gives us an estimate of your ability in your chosen art form. This letter should discuss personal characteristics, such as initiative, reliability, leadership, and ability to work with others. Teachers must mail recommendation form or letter directly to: **CCY 15 Vernon Street Hartford, CT 06106**
- 3. Photo:** Please submit a passport size photo of yourself. Do **NOT** staple to application.
- 4. Financial Assistance:** Parents or guardians must complete the reverse side if requesting financial assistance.
- 5. Signatures:** A parent or guardian AND the student who is applying must sign this form.
- 6. Application Fee:** Enclose a check or Money Order for \$25 payable to CCY and mail materials to **Center for Creative Youth, 15 Vernon Street, Hartford, CT 06106.** Deadline to receive materials: March 3, 2008.

Teacher Recommendation/Nomination Form

Center For Creative Youth

This form may be separated from application and given to teacher. It may be photocopied for second recommendation instead of letter if preferred.

Student's Name _____ Grade _____

Art Form _____

Instructor's/Nominator's Name _____ Art Form/Subject Taught _____

Instructor's/Nominator's School/Business Name _____

Directions to Instructor: Students attending CCY possess outstanding ability, motivation, and creativity. Please use these criteria and the point system below to complete your nomination. This recommendation will be kept confidential and should be mailed by the March 3 deadline directly to the CCY office at: **CCY 15 Vernon Street Hartford, CT 06106**

Please rate the student using the following scale:

5 = Clearly Superior 4 = Above Average 3 = Average 2 = Below Average 1 = Clearly not in evidence

1. Student has demonstrated ability in the chosen art form. _____
2. Student has demonstrated motivation and commitment to produce high-quality work. _____
3. Student has ability to become absorbed in work without distraction. _____
4. Student has demonstrated decision-making and problem-solving skills. _____
5. Student is able to accept criticism, advice, and assistance. _____
6. Student can appropriately interact with a diverse peer group and cooperates within the group. _____
7. Student has demonstrated respect for peers and adults, acceptance of responsibility, and self-discipline. _____

TOTAL RATING _____

Please answer the following questions as they add essential information. Use more paper as needed.

How long and in what capacity have you known this student? _____

Do you believe this student is mature and stable enough to live cooperatively in a residential pre-college environment for 5 weeks?

Has this student demonstrated anti-social behavior that could jeopardize his/her success in the intensive CCY program?

Additional Comments _____

Instructor's Signature _____ Date _____