

elevated thought®

iamart.iamchange.

Youth Programming Application 20____

Please type or print personal information

First Name: _____ Last Name: _____

Preferred Name: _____

Email Address: _____ Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Info

Primary Contact Name: _____

Relationship to Applicant: _____ Emergency Contact Number: _____

Educational Information:

School: _____

Grade: ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Art Interests (please check all that apply):

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Design | <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Production, Composition, Dance, Vocals |
| <input type="checkbox"/> Sculpture | <input type="checkbox"/> Video/Photography | <input type="checkbox"/> Writing, Poetry, Spoken Word |

Area of Thought Interests (please check all that apply):

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Philosophy | <input type="checkbox"/> Social Justice | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> History | <input type="checkbox"/> Education | <input type="checkbox"/> Community |

Media Release Form

I ☐ authorize ☐ do not authorize Elevated Thought® to use photographs, video footage, and any likeness of myself and other artwork created during or for programming, events, and community outreach for promotional purposes only. Please speak to our staff if you ever change your mind; we understand and respect your decision.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____