

Application Form

Section 1 – Personal Information

For office use only

dmg ml qb vr sales

Start _____

Name: _____ Date of Birth _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Allergies _____

Foods, medications, bee stings, and any other substances that may cause a reaction needing medical attention.

Emergency contact person (for during time you are at Studio)

Name _____

Relationship: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Program Manager/Caregiver/Parent/Guardian

Name _____

Organization and relationship: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Diagnosed disability/s

Gender Identity Male Female Other _____

Physical Limitations/Mobility

Adaptive Devices used

Educational & Occupational History

Leisure/community recreation

What do you feel are your abilities?

Things/skills you'd like to learn or improve on

Interests/Hobbies

If there is anything else that you feel would assist us in making your creative process and visits with us more productive please explain.

Section 2 – Method of Payment

- Invoice IRIS Self pay

Send Invoice to (if other than IRIS):

Name _____

Address _____

City, State, Zip _____

Section 3 - Permissions

By signing below I give Studio 84 permission to: (check all that apply)

_____ Use any photos taken for promotional purposes in printed material, web site, newspapers etc.

_____ Exhibit my work in Studio 84's gallery or submit to other opportunities for exhibition

Signature of Parent/Guardian _____ Self _____ (Please check one) Date _____

Section 4 - IAP (Individual Art Plan)

Our Individual Art Plan is designed for the artist who is looking to gain a deeper degree of artistic expression and move towards a career as an artist or college. An interview is required with applicant, parent/guardian, and/or caseworker. See Services and Programs Handbook for details. There is a higher fee schedule for this service.

- Please check if interested in this service and we will contact you to set up an appointment.

Section 5 – Selling your artwork

For office use only

Name _____

W9 sent

W9 on file

To be filled out if interested in selling your art in our Art Store or other venues such as art fairs.

It is expected each artist selling their work be available to assist during store hours during their regular studio time and at any art fair locations. Art fair information and arrangements will be made as they become available. As other opportunities arise details will be made available.

I will allow the following to be sold: (Check all that apply)

Original art Notecards Prints of originals

- Studio 84 is only a venue for you to sell your artwork in. We do not charge or collect sales tax on items sold.
- All income reporting, income taxes, sales tax or other business related reporting, fees, donations, expenses etc. resulting from sales are the sole responsibility of artist or parent/guardian or case worker.
- Studio 84 will provide monthly checks of any sales, year-end reports (sales, expenses, donations) and any 1099's when required for us by law for your convenience.
- Studio 84 will assist with printing and packaging of cards or prints.
- A chart of how we price the work and associated costs is available upon request.
- Associated costs (printing/packaging, canvas/paint, matting framing, etc) plus 35% of total retail value will be deducted from retail value with remaining profit going to artist as indicated below.

Profits from sales:

___ 100% of profit goes to Artist

___ I would like to have ___% of any profit from sales go back to Studio 84 as a donation

___ Limit my monthly sales to \$ _____. Anything above this please use as a donation to Studio 84.

Checks for sale of any work and year end reports should be made out and mailed to:

Artist Parent/Guardian *Address on form will be used unless indicated differently below:*

*Note: We are happy to make other arrangements regarding sales at your request.
Please make an appointment with us to discuss further.*

Note: Studio 84 reserves the right to use select art works for notecards to be packaged with two or more artists in a package and for sale as a single card.

These will be for sale with all proceeds going back into our programing for the benefit of all.

Demographics

As a non-profit we continually apply for grants to support our programing, so need to keep track of certain data. We hope you will fill this out, as it is extremely helpful in these application processes.

*All information is kept strictly confidential and used for statistical data collection only.
All questions refer to participant.*

Gender

- Male
 Female
 Other

Age

- under 7
 8-12
 13-18
 19-25
 26-35
 36-45
 46-55
 56-65
 66-75
 75+

Annual Income (household if a minor)

- under \$10,000
 \$10,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 - \$59,999
 \$60,000 - \$69,999
 \$70,000 - \$79,999
 \$80,000 - \$89,999
 \$90,000 - \$99,999
 \$100,000 and above

Race/Ethnicity (check all that apply)

- White
 African American/Black
 Hispanic/Spanish/Mexican American
 Asian/Pacific Islander
 Native American
 Other (please identify) _____

Disability (check all that apply)

- None
 Autism
 Physical (please identify) _____
 Cognitive/Intellectual/Mental Retardation
 Mental Illness (please identify) _____
 Learning disability
 Behavioral/Emotional Disability
 Other (please identify) _____

To help us better evaluate effectiveness please let us know how you heard about Studio 84.

- Poster (where?) _____
 Newspaper (which one) _____
 Radio
 Friend
 Teacher
 Walking by
 Web Site (Studio 84's)
 Web Site that linked to Studio 84's (please identify) _____
 Other (please identify) _____

Sources of income, check all that apply:

- Work (full/part time/self employed)
 Pension
 SSI
 SSD
 SS retirement
 Unemployment
 Student loans
 Trust fund
 Interest income
 None (I am a minor)
 Other (please identify) _____