

# Application Form

**Section 1 – Personal Information**-all is kept confidential

*For office use only*

dmg    ml    qb    vr    sales

Start \_\_\_\_\_ Fee \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Allergies** \_\_\_\_\_

*Medical conditions, foods, medications, bee stings, and any other substances that may cause a reaction needing medical attention.*

**Have you ever been convicted of a felony?**  No  Yes (explain)

Background checks are performed and we reserve the right to decline admission to our programing based on what is found. However we do not discriminate based on *race, color, sex, national ancestry, sexual orientation, creed, age or disability.*

**Service dogs.** Please check any that applies to you so we know the best times to schedule you. Check all that apply.

I have a service dog    I am allergic to dogs    I am afraid of dogs    Dogs are cool I'm ok with them

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

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Program Manager/Caregiver/Parent/Guardian**

Check if you are your own guardian

Name \_\_\_\_\_

Organization and relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Diagnosed disability/s (Please give specifics)**

\_\_\_\_\_  
\_\_\_\_\_

**Gender Identity**  Male    Female    Other \_\_\_\_\_

**Physical Limitations/Mobility**

\_\_\_\_\_  
\_\_\_\_\_

**Adaptive Devices used**

\_\_\_\_\_  
\_\_\_\_\_

**Educational & Occupational History**

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**Leisure/community recreation**

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**What do you feel are your abilities?**

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

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**Interests/Hobbies**

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

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**Section 2 – Method of Payment**

Invoice to MCO, IRIS, iLife, etc                       Self pay

Send Invoice to:

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 – Selling your artwork (available to those in the Visual Art Day Program and Vocational Programing only)**

*For office use only*

Name \_\_\_\_\_

W9 sent

W9 on file

I do not want to sell my work

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

Original art       Notecards       Prints of originals       Other products created from images

- Studio 84 is only a venue for you to sell your artwork. We do not charge or collect sales tax on items sold.
- All income reporting, income taxes, sales tax or other business related reporting, fees, 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 of all sales amounts and any 1099's when required for us by law for your convenience.
- 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 a percent for overhead expenses 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 choose to not be paid for any sales of my art or products.

Checks for sale of any work and year end reports will be made payable to and mailed to artist.  
*Artists address on form will be used unless indicated differently below:*

*Note: Studio 84 reserves the right to use select art works for notecards to be packaged with two or more artists in a package such as holiday cards, thank you cards or themed boxes. This right is reserved regardless of box checked that you do not want to sell your work.*

*Proceeds from sales of group items will support our programing for the benefit of all.*

*After 6 months of no class activity or you leave the program, you will be sent a notice of intent to inform us of what you want done with your art and images. IF the form is not returned, all art and images become the property of Studio 84 and we reserve the right to sell and keep profits or re use materials as we see fit to support our programing.*

## Section 5 – Program Selection

Refer to Program Handbook for program descriptions and options available.

Check one program and any available options available to specific program.

**Visual Art Day Program**

Assisted Sales Option available only to Visual Art Day Program

**Vocational Program**

Hybrid Sales Option available only to Vocational Program

**Transition Program**

**Group Program**

**Dance Program**

**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 ID*

- Male  
 Female  
 Other ID

*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) \_\_\_\_\_