



## 2008 SUMMER INTENSIVE

**Pre-College Residency Program for High School Students** • Fine Arts • Design Arts • Performing Arts  
July 13 through August 1, 2008

### Application for Admission

#### Student Information:

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Permanent Address (Street, City, State, Zip, Country)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\*The VCUarts Summer Intensive is intended to be a residential living and learning experience. To gain maximum benefit from this program we recommend that all participants reside in the residence halls.

Student Preference:     On-campus

Daily Commuter

Gender:                             Male

Female

#### Parent/Guardian Information:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip, Country)

Indicate your area of interest (select only one):

Animation

Art Online

Digital Filmmaking

Digital Photography

Fashion Design and Merchandising

2D and 3D Fine Arts Portfolio Development

Theatre

Do you plan to attend VCU?

Yes

No

**Application for Admission** (continued)

How did you hear about the Summer Intensive?

Newspaper Ad       Web Site       Teacher       VCU Open House

Postcard       Former Summer Intensive Student. Their name: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

**High School Information:**

\_\_\_\_\_  
Anticipated graduation date      High School Name

\_\_\_\_\_  
School Mailing Address (Street, City, State, Zip, Country)

\_\_\_\_\_  
Name of current art or performance teacher      Ms. / Mr. / Dr. (please circle one)

**All applicants must submit the following materials along with their application:**

- Teacher Recommendation Form—to be completed by an instructor in your primary interest area or if you have never participated in a course such as the one you are signing up for select any teacher who can speak to your creativity.
- Computer and Internet Acceptable Use Policy agreement signed by the student and a parent or guardian.
- Medical Release Form completed and signed by parent or guardian. Along with a copy of student immunization records.

**Fine Arts and Design Arts applicants** (This includes all programs except theatre)

- Must submit a description (250 words or less) of their experience in their primary area of interest and why they want to attend the Intensive. Please include which artists' work has had a major impact on you.

**Fashion Design and Merchandising applicants**

- Please also include any training in sewing and creating clothing, as well as designers/artists who have had a major influence on you.

**Theatre applicants**

- Must submit a one-page resume highlighting (1) theatrical training and experience, (2) vocal range and singing experience, (3) dance experience (if any), and a letter stating what their goals are for taking the Intensive.

**Tuition and Fees:**

Tuition: Residential participants: \$2450 (includes a room and all meals)

Commuting participants: \$2075 (includes lunch and dinner meals)

\*Fees do not include Art Adventure Weekend activities on both weekends. Accepted students will receive information regarding selecting their weekend preferences.

Parking: Students who bring a vehicle will be required to pay for parking in advance. Cost for parking will be \$55 for the three weeks. Do you anticipate bringing a car if you are accepted into the program?

Yes       No

Application Fee: There is a \$50 non-refundable application fee. You may make payments by check or credit card. Please make checks payable to Virginia Commonwealth University—School of the Arts.

**Application for Admission** (continued)

Select payment method:

Check Enclosed

Credit Card

Credit Card Information: (please circle one)

Visa / MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Credit Card billing address if different from address above (Street, City, State, Zip, Country)

\_\_\_\_\_  
Signature of Cardholder

Does the student have any learning challenges his or her professor needs to be made aware of?

Yes     No    If so, please explain: \_\_\_\_\_

Refund Policy: Tuition refunds (minus the non-refundable \$50 application fee and \$300 deposit) will be made to those who cancel their enrollment prior to July 1, 2008. No refunds will be available after that time. (This includes students who decide to leave VCU due to homesickness.)

Certification: We (Student and Parent/Guardian) have reviewed the VCUarts Summer Intensive Refund Policy included in this document, and agree to abide by all established policies and deadlines. Additionally, we understand and agree that VCUarts has permission to use images of participants and their artwork or performances in future publications, presentations and websites.

As parent/guardian, I give \_\_\_\_\_ (student's name) permission to participate in the program and attend any staff-supervised field trips. I release VCU for any liability associated with field trips.

\_\_\_\_\_  
Parent/Guardian signature

If accepted into the program, I agree to diligently and enthusiastically participate in the program and to treat peers and staff with respect. I agree not to behave disruptively or in a manner that would limit other students' enjoyment or learning. I understand that I may be required to leave the program if I do not adhere to the established rules and regulations.

\_\_\_\_\_  
Student signature

**Deadlines and Important Dates:**

April 8, 2008: Completed application with all supporting materials and \$50 non-refundable application fee is due to VCUarts Summer Intensive! All applicants will be notified of their acceptance or wait-list status prior to May 1, 2008.

May 15, 2008: The non-refundable \$300 deposit is due to reserve student's space in the Intensive.

June 8, 2008: Tuition and parking fees are due for all participants; enrollment is not guaranteed to any applicant whose tuition and fees are unpaid after this date.

**Send Applications to:**

Mail the completed VCU Summer Arts application (including all required supplemental materials) and check or credit card information to:

VCUarts Summer Intensive  
325 N Harrison Street, Room 212  
P.O. Box 842519  
Richmond, VA 23284

**Questions? Contact:**

Dr. Mitzi Gregory, Program Director  
Phone: 1-866-534-3201 (toll-free)  
mlgregory@vcu.edu

**Medical Information**

Participant Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Social Security Number (required by treatment provider) \_\_\_\_\_

Is the participant currently taking any medication:  Yes  No  
(Please consider both prescription drugs and over-the-counter medication.)

If the answer is yes, please list each medication on the next page of this form and provide all requested information. Include prescription drugs and over-the-counter medication that might be needed for headaches, cramps, insect bites, hay fever, etc.

Does the participant have allergies to food, medication, insect bites, plants, or anything else about which we should be informed?  Yes  No

If the answer is yes, please describe below: (Does the student have an inhaler or epi pen?)

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

Does the participant have any medical/emotional problems (i.e., asthma, eating disorders, anxiety disorders, mononucleosis, anemia, heart disease, diabetes, depression, etc.) of which we should be aware?  
 Yes  No If the answer is yes, please describe below:

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

**Emergency Contact 1:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact 2:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Policy Information: Attach a copy of front/back of the insurance card in case medical attention is necessary.

Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Policy Holder's Address if different from above (Street, City, State, Zip, Country) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

**Medical Information** (continued)

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Participant Name

Please provide the following information concerning all medications that the student is currently taking. Include prescription drugs and over-the-counter medicines that might be needed for headaches, cramps, insect bites, hay fever, etc.

Please send the medication with the student; it will be kept by him or her unless we are notified otherwise.

**Medications:**

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Name of Medication 1

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Why taken

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Dosage

---

Frequency of Dosage

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Name of Medication 2

---

Why taken

---

Dosage

---

Frequency of Dosage

---

Name of Medication 3

---

Why taken

---

Dosage

---

Frequency of Dosage

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Name of Medication 4

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Why taken

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Dosage

---

Frequency of Dosage

---

Name of Medication 5

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Why taken

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Dosage

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Frequency of Dosage

**Release Form**

I give permission for, \_\_\_\_\_ (Participant's Name), to receive medical and emergency care while at Virginia Commonwealth University Summer Arts Program and for a physician or other appropriate medical personnel to treat my child in a manner he/she thinks appropriate, in case of a medical emergency and/or a problem. I authorize the nurse on duty or the chaperon (adult) to administer properly labeled over-the-counter medications that I may designate in writing. Further, I permit my son/daughter to self-administer prescribed medications listed on previous pages of this medical information form. I agree that all medications shall be in original containers, and I waive the right to seek damages against the nurse or the chaperon administering such medication. I understand that I am responsible for the payment of all medical and emergency services rendered to my child.

Please list all medications, including over-the-counter medications that the Participant is allergic to:

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***Please forward:***

- A copy of the front and back of your insurance card for the health policy (policies) that cover(s) your child. Many health care providers require that the card be presented before care will be provided.
- Immunization records, please indicate approximate date of last tetanus shot.

The above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian signature

**Teacher Recommendation Form**

Applicant fills out this portion

\_\_\_\_\_  
 Name of Applicant Area of Interest indicated on Application

Teachers: Please complete remainder of form. Please note that the applicant will not be considered without this form being completed. In a sealed envelope, please return completed form to the applicant for inclusion in his/her application packet.

What course(s) has the student taken from you?

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

Please use the following rating scale to answer the questions below:  
 1=Outstanding    2=Above Average    3=Average    4=Needs Improvement    NA=Not Applicable

a. Imagination/Originality: Develops new concepts and ideas	1	2	3	4	NA
b. Commitment: Demonstrates substantial interest in art form	1	2	3	4	NA
c. Technique/Ability/Skill: Demonstrates expertise/high degree of skill in art form	1	2	3	4	NA
d. Willingness to collaborate: Accepts ideas of others and contributes to group process	1	2	3	4	NA
e. Emotional stability, maturity, and self-discipline	1	2	3	4	NA
f. Openness to new experiences	1	2	3	4	NA
g. Ability to concentrate	1	2	3	4	NA
h. Ability to listen	1	2	3	4	NA
i. Ability to take risks	1	2	3	4	NA
j. Ability to be on time/promptness	1	2	3	4	NA
k. Ability to maintain a high energy level	1	2	3	4	NA





## Computer & Internet Acceptable Use Policy

### **Purpose**

To review procedures for the appropriate use of computers at VCUarts Summer Intensive.

### **General Principles**

VCUarts Summer Intensive provides computer equipment and services for academic and artistic purposes only. Academic and artistic purposes include those purposes directly related to an assignment. Access to the Internet is provided to improve learning and teaching through research, collaboration, and use of materials and resources. Access to computers carries responsibility for the proper use of the computing facilities. VCUarts Summer Intensive recognizes that most students are responsible and thoughtful users. The actions of a few irresponsible users, however, can disrupt and interfere with the right of all users.

### **Procedures**

Computer users must abide by the rules set forth. Inappropriate use may result in termination of computer privileges, disciplinary action, and/or other actions determined appropriate, including legal action.

### **The following are examples of computer and network use infractions that are prohibited for students:**

- Using the computer for purposes other than academic purposes.
- System tampering (any unauthorized alteration of operating systems, individuals' accounts, software, and/or other programs).
- Obtaining or using obscene, vulgar, abusive, or inappropriate language, pictures, or other material.
- Knowingly introducing viruses.
- Vandalizing, including equipment damage and willful tampering of data or software.
- Attempting to decrypt passwords.
- Attempting to gain unauthorized higher level of network privilege and access.
- Attempting to gain unauthorized access to remote systems.
- Deliberately interfering with other users.
- Attempting to libel, slander, or harass other users.
- Unauthorized copying or transferring of copyrighted materials, including, but not limited to music, movies or videos, or any other violation of Copyright laws.
- Placing copyrighted material on the network without permission of the author.
- Plagiarizing, which is the taking of someone's words, ideas, or findings and intentionally presenting them as your own without properly giving credit to the source.
- Using the computer for illegal activities.
- Using commercial advertising, chain letters.
- Using e-mail or Usenet news groups without the director's or a teacher's permission.

### **Student User Agreement And Parent Permission Form**

As a user of computers and Internet Services provided by the VCUarts Summer Intensive and Virginia Commonwealth University, I agree to comply with the stated Computer & Internet Acceptable Use Policy of the VCUarts Summer Intensive! I understand that violations of this policy may result in a loss of access to computers and Internet services as well as other disciplinary or legal action.

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

As the parent or legal guardian of the student signing above, I hereby grant permission for my son or daughter to use the computers and Internet services provided by Virginia Commonwealth University and the VCUarts Summer Intensive! I have read the stated Computer & Internet Acceptable Use Policy and understand that individuals and/or families may be held liable for violations of this policy. Violations may result in a loss of access to computers and Internet services as well as disciplinary or legal action. Acknowledging that some materials on the Internet may be objectionable, I accept the responsibility of helping to convey appropriate standards for my son or daughter to follow when selecting, sharing, or exploring information and media.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Application Checklist:

Please use the list below to carefully check off each item to be certain that your application is complete BEFORE sending it in. Incomplete applications will not be processed until all of the necessary information is received, and may result in your preferred program being filled as VCU waits to receive the necessary information.

- Signed application
- \$50 non-refundable application fee
- Medical Information/Release Form (completed and signed)
- Immunization record and indicate approximate date of last tetanus shot.
- A copy of the front and back of your insurance card.
- Teacher Recommendation (completed and signed)
- An official transcript
- Essay (for Visual Arts and Design applicants only)
- Resumé (for Theatre applicants only)
- Computer and Internet Usage Agreement (completed and signed)
- Did you check a box regarding on campus housing vs. commuting on page 1?
- Did you check a box regarding whether or not you will need a parking space reserved on campus on page 2?