



Scholarship Application

Please submit this application and all attached forms to:

Attn: Education

San Angelo Museum of Fine Arts

1 Love Street

San Angelo, TX 76901

OR email studio@samfa.org

Cooking Class

Scholarship Applications are due May 1st to be considered. SAMFA staff will call by May 8th to let applicant know if their scholarship was accepted.

<input type="checkbox"/> <u>10 - 15 Year Olds ONLY</u> July 10 th – 14 th 8:30 a.m. - 11:30 a.m.
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Does the applicant receive free or reduced lunches in school? Yes No

CHILD'S NAME _____ AGE _____

PARENT/LEGAL GAURDIAN _____

ADDRESS _____

STREET

CITY

ZIP

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ E-MAIL _____

Would you like to receive emails about upcoming Family Programs at SAMFA? Yes No

EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATION TO CHILD _____

NAME(S) OF PEOPLE MOST LIKELY TO DROP OFF/PICK UP CHILD

SAMFA staff reserves the right to check the I.D. of anyone picking up children from our programs. SAMFA staff will only release children to persons listed above. If someone else will be picking up your child, please notify the museum at 325-653-3333.

Parent/Legal Guardian Signature _____ Date _____

Student Statement

Please tell us in one or two sentences why you would like to attend the Cooking Camps at SAMFA.

Sponsor Recommendation

Please choose an adult, who is not your parent or legal guardian, to explain why you would benefit from attending Cooking Camps at SAMFA.

Have them write their response in the lines below.

Mentor's Name: _____

Phone number: _____ **Email:** _____

May SAMFA contact you to follow up about how the student enjoyed the Cooking Camp? Y N

The Cooking Camp Medical Release Form

CHILD'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____
(Mo.) (Day) (Year)

HEALTH/ACCIDENT INSURANCE CARRIER: _____

POLICY NO: _____ GROUP NO: _____

PERSONAL PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____
(Street) (City) (State) (Zip)

PHYSICIAN'S PHONE NUMBER: _____

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME #: _____ WORK # _____ CELL #: _____

Please list any chronic or acute medical problems (Continue on back if needed): _____

Please explain any special considerations we need to know related to the above conditions:

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present: _____

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATION ARE CURRENT: _____ YES _____ NO

My child plans to attend the San Angelo Museum of Fine Arts' The Art of Nature Camp. I fully realize injury or illness could result from or during my child's participation in the camp. In case of accident or illness, I give my permission for my child to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

PARENT/LEGAL GUARDIAN'S SIGNATURE

PARENT/LEGAL GUARDIAN'S NAME PRINTED

DATE

PHOTO RELEASE

The Summer for Kids PARTICIPANT and I as his/her legal guardian, hereby grant to the San Angelo Museum of Fine Arts the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of SAMFA related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing or explaining the museum or its activities. This grant includes, without limitations, the right to publish such images in the museum's newsletter and website, and public relations/promotional materials, such as marketing publications, advertisements, fund-raising materials and other museum-related publication. These images may appear in any of the wide variety of formats and media now available to the museum and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the museum.

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As the artist's guardian, I hereby grant, royalty-free, to the Museum the rights to reproduce the Artwork in a format suitable for the Internet and computer-mediated learning and education, and to display, digitally publish, and distribute copies of the Artwork to the public for visual arts education and related purposes on websites, CDROMS, DVDs, and related formats or those that become available. Visual arts education includes, but is not limited to, direct educational use, use in brochures and advertising, and other related purposes. I further grant to the Museum the right to prepare derivative works based upon the Artwork and the rights to reproduce, display, digitally publish, and distribute copies of such derivative works to the public.

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I agree to both the photo release and access & use of digital reproductions of Artwork.

Child's Name _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____