

elevated thought®
i am art. i am change.

Elevated Thought Youth Programming

Please type or print personal information

First Name: _____ Last Name: _____

Email Address: _____ Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Info

Primary Contact Name: _____

Relationship to Applicant: _____ Emergency Contact Number: _____

Educational Information:

School: _____

Grade: _____

Art Experience (please check all that apply):

- Design Painting/drawing Production, Composition, Dance, Vocals
 Sculpture Video/Photography Writing, Poetry, Spoken Word

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.

Signature _____ Date _____

Checklist for Application:

- This completed application form
 Half-page artist statement

