

MOSAIC

Blue Star Contemporary Student Artist Program



Blue Star Contemporary's MOSAIC Student Artist Program is open to high school students who are interested in developing their professional artistic skills and careers in the arts. The after-school program is a combination of studio practice and exposure to the business side of art and arts administration. An extension of BSC's educational programs, BSC is committed to giving MOSAIC students free access to quality arts education, encouraging high standards of achievement, and fostering excellence and leadership.

MOSAIC operates 5 days a week year-round. Students choose from one of two available schedules (MW or TTh) and have the option of participating in Open Studio on Fridays. This amounts to approximately to 9 hours in the studio per week.

Blue Star Contemporary's MOSAIC Artist-in-Residence Alex Rubio and Studio Assistant Juan Zavala Castro mentor students in a diverse range of art mediums in an intensive, independent study format. The MOSAIC Student Art Gallery features student exhibitions, drawing hundreds of visitors and adds to San Antonio's vibrant and rich visual culture. Students participate in BSC's programs and have access to visiting artists.

100% of MOSAIC's students have graduated high school and our concentration on college readiness prepares them for careers in the arts, sharing in San Antonio's cultural economy and continuing BSC's mission to inspire the creative genius in us all by nurturing artists through contemporary art.

This program is free and open to high school students upon successful application and portfolio review. For more information on the MOSAIC Student Artist Program please contact Education Manager Mari Hernandez at mari@bluestarcontemporary.org.



Student Applicant Information

(Please clearly print all information)

Student's First Name:

Student's Last Name:

Date of Birth:

Age:

Address:

City:

State:

ZIP:

City Council District:

Primary Phone:

School Name:

School District:

Grade:

Student Phone:

Student E-mail:

Are you a returning MOSAIC student?

Yes

No

If yes, what year and semester did you first enroll?

Who does youth live with? Parent(s) or Guardian(s)

Ethnicity:

- Hispanic/Latino
- Black or African-American
- Asian American
- Native/American Indian/Alaska Native
- Caucasian/White
- _____ (please specify):

List any extracurricular activities/obligations that may conflict with MOSAIC and when (days and times):

Describe your mode of transportation:

Do you have any allergies? Yes No

Specify all of the things you are allergic to (food, medicine, environment):

Parent/Guardian 1 Information

Parent/Guardian Name:

Relationship to student:

Phone:

Secondary phone:

Address:

City:

State:

Zip:

Parent/Guardian 2 Information (if applicable)

Parent/Guardian Name: Relationship to student:
Phone: Secondary Phone:
Address: City:
State: Zip:

Emergency Contact Information (if Parent/Guardian unavailable)

Name: Relationship to student:
Phone: Secondary phone:
Address: City:
State: Zip:

Medical Information

Gender: Date of last Tetanus Booster:
Primary Care Physician:
Phone number:
Insurance Policy Holder Name: Relationship to student:
Phone:
Address: City:
State: Zip:
Health Insurance Company:
Policy Number:

Does your child have any learning challenges? If yes, please specify.

Does your child have any emotional/behavioral challenges? If yes, please specify.

Does your child have any physical challenges? If yes, please specify.

Is your child currently on medications? If yes, please specify.

Additional information you feel we should know?

Medical Consent/Release

As the parent/legal guardian of _____ (student's name), I hereby consent to:

_____ (initial) In case of emergency, Blue Star will first dial 911, then I authorize Blue Star Contemporary Art Museum to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in an activity or project related to MOSAIC. I understand that, while student safety is our highest priority, MOSAIC is not responsible for medical costs associated with student injury.

_____ (initial) I expressly hold Blue Star Contemporary Art Museum/MOSAIC harmless from and waive any and all claims for medical expenses,

loss of services, injury to person or property, death or other claims, actions, or liabilities made against Blue Star Contemporary Art Museum/MOSAIC on behalf of my child, regardless of the cause of such claims, actions, or liabilities, or any concurrent or contributing fault or negligence of it for them as a result of my child's participation in any activity.

_____ (initial) I also agree to hold harmless Blue Star Contemporary Art Museum/MOSAIC from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs made by third parties against MOSAIC which may result from my child's participation in any activity/project.

I have read and understand this release and sign it with full knowledge.

Parent/Guardian Name (Print): _____

Signature of Parent/Guardian: _____ Date: _____

Media Consent/Release

As the parent/legal guardian of _____ (student's name), I hereby consent to:

_____ (initial) Allow for my child to be photographed and filmed for use in promotional material, social media marketing and website documentation of MOSAIC and Blue Star Contemporary Art Museum. I consent, authorize, and assign any and all rights to MOSAIC/Blue Star Contemporary Art Museum, its agents, officers, employees, and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit, or broadcast photos, videos, film, and audio recordings of my child, children, and/or projects, for use in publicity releases and program marketing.

_____ (initial) Allow my child's biography and artwork to be recorded and photographed for use in promotional material, social media marketing, and website documentation of MOSAIC and Blue Star. I understand that my child's name, likeness, and artwork will be viewed by the general public. I further agree and consent that MOSAIC/Blue Star Contemporary Art Museum and others are not responsible for any misappropriation of the photos, videos, film

and/or audio recordings by any member of the general public or anyone else.

Student Name: _____

Parent/Guardian Name (Print): _____

Signature of Parent/Guardian: _____ Date: _____