



Blue Star Contemporary Student Artist Program



Blue Star Contemporary's MOSAIC Student Artist Virtual Program is open to high school students who are interested in developing their professional artistic skills and careers in the arts. Our 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 year-round and our students meet both virtually and in-person. Our visiting artists mentor students in a diverse range of art mediums in an independent study format.

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.



Blue Star Contemporary Student Artist Program

Student Application

PLEASE COMPLETE ALL INFORMATION

Are you a returning MOSAIC Student?: Yes No Grade: 9th 10th 11th 12th

If Yes, what semester and year did you first enroll?: Spring Fall
yyyy

Are you applying for In-Person or Virtual Learning?: In-Person Virtual

Have you received a COVID 19 Vaccine?: Yes No

If No, would you like to receive information regarding COVID 19 Vaccination?: Yes No

Student's Name:
First Name Last Name

Student's DOB: / /
mm/dd/yyyy Age

School Name:

School District:

Student Ethnicity: Hispanic or Latino(x) Non-Hispanic or Non-Latino(x) Prefer not to answer

Student Race (CHECK ALL THAT APPLY):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other or Prefer not to answer:

Specify if Other

Student Gender:

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Other or Prefer not to answer:

Specify if Other



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Student Application Continued

PLEASE COMPLETE ALL INFORMATION

STUDENT CONTACT INFORMATION:

Does Student live with Parent or Guardian?: Parent(s) Guardian(s)

Student Address:
Street Address Apt/Suite

City State Zip Code City Council District

Student E-mail: Student Phone:

Parent/Guardian 1 Contact:
First Name Last Name

Relationship to Student E-Mail Address

Primary Phone Secondary Phone

Parent/Guardian 2 Contact:
First Name Last Name

Relationship to Student E-Mail Address

Primary Phone Secondary Phone

Emergency Contact:
First Name Last Name

Relationship to Student E-Mail Address

Primary Phone Secondary Phone



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Student Application Continued

PLEASE COMPLETE ALL INFORMATION

STUDENT LEARNING INFORMATION:

★ List any extracurricular activities/obligations that may conflict with MOSAIC:
(Day and Time)

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

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

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

★ Please list any additional information you feel we should know:



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Student Application Continued

PLEASE COMPLETE ALL INFORMATION

STUDENT MEDICAL INFORMATION:

★ Date of Last Tetanus Booster: / /
mm/dd/yyyy

★ Is your child currently taking any medications? If yes, please specify:

★ Does your child have allergies? If yes, please specify:

★ Primary Care Physician: First Name Last Name
 Primary Phone

★ Health Insurance Company: Name Policy Number:

★ Insurance Policy Holder: First Name Last Name
 Relationship to Student
 Street Address Apt/Suite
 City State Zip Code Primary Phone




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Student Application Continued

PLEASE COMPLETE ALL INFORMATION

STUDENT MEDICAL/MEDIA CONSENT/RELEASE FORM

 As the parent/legal guardian of , I hereby consent to:

In case of emergency, Blue Star will first dial 911. I then 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 MOSAIC'S highest priority, neither MOSAIC or Blue Star are responsible for medical costs associated with student injury.

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.

I 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 Blue Star Contemporary Art Museum/MOSAIC which may result from my child's participation in any activity/project.

Allow for my child to be photographed and filmed for use in promotional material, social media marketing and website documentation of Blue Star Contemporary Art Museum/MOSAIC. I consent to, authorize, and assign any and all rights to Blue Star Contemporary Art Museum/MOSAIC, 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, and/or projects, for use in publicity releases and program marketing.

Allow my child's biography and artwork to be recorded and photographed for use in promotional material, social media marketing, and website documentation of Blue Star Contemporary Art Museum/MOSAIC. I understand that my child's name, likeness, and artwork will be viewed by the general public. I further consent to and agree that Blue Star Contemporary Art Museum/MOSAIC 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 any other person.



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Student Application Continued

PLEASE COMPLETE ALL INFORMATION

STUDENT PORTFOLIO INFORMATION:

★ Explain why you want to participate in the MOSAIC Student Artist Program:

★ Describe your artwork. Please include your inspiration and the materials you use.

★ Artist Portfolio

To complete your application email 5-8 images of artwork that you have created within the past 3 years to Education Manager Mari Hernandez at mari@bluestarcontemporary.org.

★ / /

Student Name Parent/Guardian Name mm/dd/yyyy