



40 South Bartlett Street  
Medford, Oregon 97501  
Phone: 541-772-8118 Fax: 541-772-0294

## Artist Teen Mentoring Project (ATMP 2016)

### Application Guidelines

1. Complete and sign the ATMP Application form.
3. You will also need to enclose:
  - An essay on the following topic:  
*Why are you interested in being part of the 2016 Artist Teen Mentoring Project? Describe yourself at the conclusion of ATMP- what do you hope to gain from this experience?*  
Your response should be no longer than one, double-sided, 8.5 by 11 inch page; please label it with your name.
  - 2 letters of recommendation from an adult (not a relative)
  - scholarship application (optional)
4. Mail your completed package to the following address, or email to Anna May:  
[anna@roquegallery.org](mailto:anna@roquegallery.org)  
  
Anna May, Education Program Manager  
Rogue Gallery & Art Center  
40 South Bartlett Street  
Medford, Oregon 97501

Please note that incomplete applications will not be considered.

**Applications, including essay and 2 letters of recommendation are due November 6, 2015.**

Important dates and info:

November: Interviews and portfolio reviews of teen applicants.

December: ATMP selected participants notified.

PROGRAM RUNS JANUARY 6 – April 16, 2016.

The Artist Teen Mentoring Project costs \$300 for tuition, including materials. Partial scholarships are available.



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*Ignite Minds, Stir Souls, Open Hearts- Boldly Create!*

### Teen Application- ATMP 2016

Name \_\_\_\_\_  
Address \_\_\_\_\_ zipcode \_\_\_\_\_  
Phone # \_\_\_\_\_ cell \_\_\_\_\_  
Email address \_\_\_\_\_  
Birthdate \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Art Teacher \_\_\_\_\_

Parents/ Guardians Names \_\_\_\_\_  
Who do you live with? Both Mother Father Other: \_\_\_\_\_  
Parent/ Guardian Contact info (who you live with):  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact (other than parent): Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship to you \_\_\_\_\_

How did you find out about ATMP? \_\_\_\_\_  
\_\_\_\_\_

Do you foresee any time conflicts with the program between January and April (such as family vacations, sports, etc.)? YES NO If yes, when?  
\_\_\_\_\_

Will you be using the program to fulfill your senior project requirements? YES NO  
If yes, what is your senior project about?  
\_\_\_\_\_

What medium(s) do you currently work in? What are your artistic strengths?  
\_\_\_\_\_  
\_\_\_\_\_

Who provides your transportation? \_\_\_\_\_  
Do you foresee transportation being a problem for you? Yes No

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature of parent or guardian** **Date**



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## Youth Scholarship Request Application- ATMP 2016

Teen Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell/Work \_\_\_\_\_  
Student age \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_ Birthday \_\_\_\_\_

Are you currently a member? Yes No

Have you received scholarship assistance at the Rogue Gallery & Art Center before? Yes No  
If yes, Class/Camp Title and Dates \_\_\_\_\_

Briefly state why you need scholarship assistance:

We may need to ask for your family's total household income, if so, would you be willing to provide this information? YES NO

*We ask that families contribute what they can to support the art programs, and contribute something toward their Youth's class. Most scholarships are limited to half tuition.*

**The Artist Teen Mentoring Project tuition for 2016 is \$300. Tuition includes mentoring & instruction for 25-35 hours of studio time and materials.**

Please indicate below how much you can afford to contribute:

90%:\$ \_\_\_\_\_ 75% \$ \_\_\_\_\_ 50%:\$ \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**