

Application Form

Section 1 – Personal Information

For office use only

☐ dmg ☐ ml ☐ qb ☐ vr ☐ sales

Start _____ Fee _____

Name:

Date of Birth

Address:

City, State, Zip

Phone:

Email:

Allergies

Foods, medications, bee stings, and any other substances that may cause a reaction needing medical attention.

Have you ever been convicted of a felony? ☐ **No** ☐ **Yes (explain)**

Note: Background checks are performed and we reserve the right to decline admission to our programing based on what is found. However we do not discriminate based on race, color, sex, national ancestry, sexual orientation, creed, age or disability.

Service dogs. Please check any that applies to you so we know the best times to schedule you. Check all that apply.

☐ *I have a service dog* ☐ *I am allergic to dogs* ☐ *I am afraid of dogs* ☐ *Dogs are cool I'm ok with them*

Emergency contact person (for during time you are at Studio)

Name

Relationship:

Address, City, State, Zip:

Phone:

Email:

Program Manager/Caregiver/Parent/Guardian

☐ *Check if you are your own guardian*

Name

Organization and relationship:

Address, City, State, Zip:

Phone:

Email:

Diagnosed disability/s (Please give specifics)

Gender Identity Female Male Other

Physical Limitations/Mobility

Adaptive Devices used

Educational & Occupational History

Leisure/community recreation

What do you feel are your abilities?

Things/skills you'd like to learn or improve on

Interests/Hobbies

If there is anything else that you feel would assist us in making your creative process and visits with us more productive please explain.

Section 2 – Method of Payment

Self pay

☐ **MCO/Rep Payee/IRIS, etc**

Send Invoice to:

Name

Address

City, State, Zip

Section 3 - Permissions

By signing below I give Studio 84 permission to: (check all that apply)

Use any photos taken for promotional purposes in printed material, web site, newspapers etc.

Exhibit my work in Studio 84's gallery or submit to other opportunities for exhibition

Signature of Parent/Guardian Self "*****"(Please check one) Date

Section 4 - Program Selection

Please check which programs you are interested in or potentially interested in.

Day Program

I don't want to sell anything

I might want to sell some things

Vocational Program

I might consider this in future

Transition Program

I am with a school

I am not with a school program

Section 5 – Selling your artwork

For office use only

Name _____

☐ W9 sent

☐ W9 on file

To be filled out if interested in selling your art in our Art Store or other venues such as art fairs.

It is expected each artist selling their work be available to assist during store hours during their regular studio time and at any art fair locations. Art fair information and arrangements will be made as they become available.

☐ I do not want to sell my work

I will allow the following to be sold: (Check all that apply)

☐ Original art ☐ Notecards ☐ Prints of originals Other items

- Studio 84 is only a venue for you to sell your artwork in. We do not charge or collect sales tax on items sold.
- All income reporting, income taxes, sales tax or other business related reporting, fees, expenses etc. resulting from sales are the sole responsibility of artist or parent/guardian or case worker.
- Studio 84 will provide monthly checks of any sales, year-end reports (sales, expenses, donations) and any 1099's when required for us by law for your convenience.
- Studio 84 will assist with printing and packaging of cards or prints.
- A chart of how we price the work and associated costs is available upon request.
- Associated costs (printing/packaging, canvas/paint, matting framing, etc) plus a percent for overhead expenses will be deducted from retail value with remaining profit going to artist as indicated below.

Profits from sales:

Checks for sale of any work and year end reports should be made out and mailed to:

☐ Artist Parent/Guardian *Address on form will be used unless indicated differently below:*

Name

Address

City, State, Zip

Note: We are happy to make other arrangements regarding sales at your request.

Please make an appointment with us to discuss further.

Note: Studio 84 reserves the right to use select art works for notecards to be packaged with two or more artists in a package and for sale as a single card.

These will be for sale with all proceeds going back into our programing for the benefit of all.

*******Any work left after 6 months of no class activity will become the property of Studio 84. We reserve the right to sell and keep profits or re use materials as we see fit to support our programing.***

Demographics

As a non-profit we continually apply for grants to support our programing, so we need to keep track of certain data. We ask that you will fill this out, as it is extremely helpful in these application processes. Your identification will not be used for this purpose.

*All information is kept strictly confidential and used for statistical data collection only.
All questions refer to participant.*

Gender - Select from drop down box.

To help us better evaluate effectiveness please let us know how you heard about Studio 84.

Age - Select from drop down box.

☐ Poster

☐ Newspaper

Annual Income (use household if a minor)

☐ Radio

☐ Friend

☐ Teacher

Sources of income, check all that apply:

☐ Walking by

Work (full/part time/self employed)

☐ Studio 84's website

SSI

☐ Web Site that linked to Studio 84's

SSD

None (I am a minor)

Race/Ethnicity (check all that apply)

White

African American/Black

Hispanic/Spanish/Mexican American

Asian/Pacific Islander

Native American

Other (please identify)

Disability (check all that apply)

None

Autism

Physical (please identify)

Cognitive/Intellectual

Mental Illness (please identify)

Learning disability (please identify)

Behavioral/Emotional Disability

Other (please identify)