



2017-2018 Teen Art Group (TAG)

SCHOLARSHIP APPLICATION FOR ABORIGINAL STUDENTS AND REGISTRATION PACKAGE

RETURN TO: Continuing Studies, Emily Carr University of Art + Design
520 East 1st Avenue, Vancouver, BC V5T 1A7

By EMAIL: csinfo@ecuad.ca with **TAG Aboriginal Scholarship Application** in the subject line
By FAX: 604 630 4535

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ Aboriginal Ancestry (Status, Non-Status, Metis, or Inuit): _____

Home Address: _____

City + Province: _____ Postal Code: _____

Email: _____

Phone: _____ Alternate Phone: _____

School: _____ Current Grade: _____ Age: _____

Please list any art or design classes you have taken, including traditional techniques: _____

1. Tell us about your interest in visual art or design. Why should you be selected for the Teen Art Group? (max. 200 words)

2. What would you like to learn at the Teen Art Group? How will this affect your work as a young creative individual? (max. 200 words)



REQUIRED SIGNATURES:

I understand the scholarship amount, if awarded, covers the full tuition fee and does not cover transportation, accommodation, or meals.

Student

Date

Parent/Guardian

Date

RETURN TO: Continuing Studies, Emily Carr University of Art + Design
520 East 1st Avenue, Vancouver, BC V5T 1A7 3R9

By EMAIL csinfo@ecuad.ca with **TAG Aboriginal Scholarship Application** in the subject line
By FAX: 604 630 4535

INQUIRIES: 604 844 3879 or csinfo@ecuad.ca

FREQUENTLY ASKED QUESTIONS

What are the scholarship application requirements?

- Please fill out the entire application form and registration package in full; incomplete applications will not be considered.
- Eligibility for this scholarship is only open to Aboriginal students who are enrolled in high school and who are 15-18 years old at the time of registration.
- The application needs to be signed by the student as well as a parent or guardian.

What is the selection process?

Aboriginal Scholarships are available on a first-come, first-serve basis providing there is still space in the program.

What type of a student are we looking for?

We are looking for students who will be committed to coming to Emily Carr every day for the full duration the program.

We are looking for students who are passionate about art and design, and who may like to pursue a future career in the creative industries.

Some of the attributes we are looking for in a student include:

- Curiosity and open-mindedness
- Capacity for hard work, experimentation and exploration
- Engagement with a range of media and a love of material exploration

Where is the program located?

The program is a joint program and takes place at the Vancouver Art Gallery and at our new Emily Carr University of Art + Design campus on Great Northern Way in Vancouver.

Teen Art Group (TAG) 2017-2018 Registration Package

Thank you for your interest in the Teen Art Group Program! **Teen Art Group (TAG)** is open to students ages 15-18 with an interest in art. No experience is required.

Registration is on a first-come, first-serve basis and will open on **September 15, 2017**. Register early as space is limited. Registration packages will be available online at <http://www.teens.ecuad.ca/>.

Please be sure to submit your payment in full and to complete **all of the forms in this package** to ensure your registration can be processed. **PAYMENT** must be paid in full **at the time of registration**.

For assistance with registration, please contact us at csinfo@ecuad.ca or call 604 844 3810.

Registration Checklist

- Appendix A | Student Information, Application and Payment Information
- Appendix B | Code of Conduct Form
- Appendix C | Library Usage Form
- Appendix D | Artwork Release (Minors)

How to Submit Your Registration Package

- 1 By email to csinfo@ecuad.ca.
- 2 By fax to 604 630 4535.
- 3 In person or by mail to:
Continuing Studies, Emily Carr University of Art + Design, 520 East 1st Avenue,
Vancouver, BC, V5T 1A7.

STUDENT INFORMATION: APPENDIX A

STUDENT INFORMATION										
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FULL)				NICKNAME/ PREFERRED NAME			
STREET NAME AND ADDRESS										
CITY		PROVINCE/STATE		COUNTRY			POSTAL/ZIP CODE			
EVENING OR HOME PHONE (AREA CODE + NUMBER)				DAY PHONE (AREA CODE + NUMBER)			EMAIL			
PRIMARY LANGUAGE:	<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER: PLEASE SPECIFY			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say			BIRTH DATE:	YEAR (YY)	MONTH(MM)	DAY(DD)
CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT <small>Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.</small> <input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY BELOW										
PARENT/GUARDIAN CONTACT INFORMATION										
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FULL)				RELATIONSHIP TO STUDENT			
CELL PHONE (AREA CODE + NUMBER)			EVENING OR HOME PHONE (AREA CODE + NUMBER)			WORK PHONE (AREA CODE + NUMBER)				
STREET NAME AND ADDRESS										
CITY		PROVINCE/STATE		COUNTRY			POSTAL/ZIP CODE			
EMAIL ADDRESS (NOTE: THIS WILL BE THE PRIMARY METHOD OF COMMUNICATION FOR THE PROGRAM)					CUSTODY ARRANGEMENT DETAILS OR CONDITIONS:					
ALTERNATE EMERGENCY CONTACT INFORMATION										
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FULL)				RELATIONSHIP TO STUDENT			
EVENING OR HOME PHONE (AREA CODE + NUMBER)			CELL PHONE (AREA CODE + NUMBER)			WORK PHONE (AREA CODE + NUMBER)				
STREET NAME AND ADDRESS										
CITY		PROVINCE/STATE		COUNTRY			POSTAL/ZIP CODE			
BC CARE CARD # / HEALTH CARE PLAN #										
IMPORTANT PROGRAM INFORMATION										
<p>If you have any functional limitations, including but not restricted to physical, cognitive and/or mental health impairments, that may interfere with your capacity to be safe or participate fully in the teaching and learning environment, please contact Accessibility Services directly at accessibility@ecuad.ca prior to classes starting. They can work with you to set up accommodations and supports at the University.</p> <p>Contact Accessibility Services at: 604 844 3081 accessibility@ecuad.ca http://connect.ecuad.ca/studentservices/accessibility</p>										
SECONDARY (HIGH SCHOOL) INFORMATION										
NAME OF HIGH SCHOOL			ART TEACHER				CITY		GRADE	
Have you ever applied for admission to or taken a course at Emily Carr University? If yes, please provide your student identity number.							STUDENT IDENTIY NUMBER (IF APPLICABLE)			

PAYMENT INFORMATION			
PAYMENT METHOD:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD:	<input type="checkbox"/> CASH/CHEQUE
CREDIT CARD INFORMATION	CARD NUMBER	NAME ON CARD	EXPIRY (MM/YY)
CARDHOLDER SIGNATURE		DATE	
<p>Please note: Fees are due at the time of registration and must be made payable in Canadian dollars. FEE: \$400.00. Payment is non-refundable. <i>Cheques and Cash/Debit payments can be made in person at Financial Services at Emily Carr University. Cheques should be made payable to Emily Carr University.</i></p>			
PARENT/GUARDIAN PERMISSIONS AND ACKNOWLEDGEMENTS			
PLEASE INITIAL EACH STATEMENT BELOW			INITIALS
I consent to the release of medical information as required in the event of injury or other medical emergency.			
I consent to and authorize emergency medical and/or dental treatment during my child's involvement in the program.			
I give my child permission to depart for home at the end of the program unaccompanied.			
I consent to and authorize emergency medical and/or dental treatment during my child's involvement in the program.			
I consent to the collection, use and disclosure of my information and my child's information as described below. <small>Emily Carr University of Art and Design gathers and maintains information used for the purposes of admissions, registration and other fundamental activities related to being a member of and attending a public post-secondary institution in the province of British Columbia. All applicants are advised that both the information they provide and any other information placed into the student record will be protected and used in compliance with the BC Freedom of Information and Privacy Protection Act (1992).</small>			

STUDENT INFORMATION: APPENDIX A

I have read the information in the application package and consent to my child's participation in the program and acknowledge that participation in the program and related activities includes:

- Traveling on public transit for the purposes of visiting art galleries and art organizations
- Walking around and exploring locations around Vancouver for the purpose of making art (drawing, sketching, etc) or viewing public art.

I agree to assume all risk and liability for my child's transportation to and from the program premises.

In the event of an emergency, I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for my child's immediate care. I certify that my child is covered by medical insurance for the duration of the program.

I understand and agree that the program instructors and administrators may collect, use and disclose personal information about students and their guardians for the purposes of administering, delivering and evaluating the program. We may also use this information to notify you about future programs that may be of interest to you. Additional information about our privacy policies and practices can be found at www.connect.ecuad.ca/about/privacy.

I, the undersigned, have read this Consent Form and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this Consent Form at the City of _____, on the day and year first above-written.

 (signed by Parent or Guardian OR student if 19 or older)

APPLICATION CONFIRMATION: APPENDIX A

I declare that I have answered all questions truthfully. If admitted to the program, I agree to familiarize myself with, and abide by, University policies during the program.

TEEN ART GROUP (TAG) meets regularly on the first and third Thursday of each month at Emily Carr University and the Vancouver Art Gallery from 4:00 pm – 7:00 pm, October 2017 until May 2018, with breaks for holidays and closures. A detailed schedule will be made available online at the start of the program.

Regular attendance is required.

- YES**, I can attend all the sessions at Emily Carr University and the Vancouver Art Gallery
- YES**, I have access to a digital camera or a phone with photo-taking capabilities for the length of the TAG program (*not required for admission*)
- YES**, I understand that I need to bring a bagged lunch/snacks and a water bottle to all ECU sessions.
- YES**, I understand that I will be receiving an access card to gain entry at Emily Carr University and that I will be charged a replacement fee in the event of a lost and/or stolen card.
- YES**, I understand that the **TAG fee is \$400.00 and is non-refundable**. I understand that I must submit my payment in full and complete all of the forms in this package to ensure that my registration can be processed.
- YES**, I give Emily Carr University of Art and Design permission to gather and maintain information for the purposes of admissions, registration and other fundamental activities related to being a member of and attending a public post-secondary institution in the province of British Columbia and to share this information with the Vancouver Art Gallery.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

APPENDIX B: CODE OF CONDUCT

Course Name: 2017-2018 Teen Art Group (TAG)

Student Name (printed in full): _____

Please read through the following agreement with your child. Both of you are required to sign.

While creative, artistic and intellectual expression is encouraged and promoted, it is also expected that we conduct ourselves in a manner that is safe and respectful of our Emily Carr community. This code of conduct requires all students, parent/guardians of students, instructors, guests and employees to:

- Refrain from words, actions and behavior – in any medium – that demonstrate disrespect for other students, instructors, guests and employees, or the family members of such individuals
- Respect other students, instructors, guests and employees right to privacy and the confidentiality of their personal information
- Act with honesty and integrity when dealing with property, monies, equipment and any other assets belonging to Emily Carr University of Art + Design.
- Act safely and respectfully for the duration of the program, to ensure a positive experience for all.
- Respect and abide by the laws of Canada and British Columbia.
- Treat students, instructors, guests and employees fairly, knowing that Emily Carr University of Art + Design does not tolerate unlawful discrimination on the basis of race, national or ethnic origin, citizenship, colour, religion, sex, age, mental or physical ability, political beliefs, socio-economic status, health related status, sexual orientation, marital status, or any other grounds enumerated in the human rights legislation of the jurisdiction in which the individuals involved are located.

I understand that the use of alcohol, non-prescription drugs, inappropriate behavior and offensive language are prohibited. Should I be registered in the accommodation option of the program, I understand that I will be required to abide by the posted curfew times.

I understand that Emily Carr University of Art + Design reserves the right to take action regarding any breach of the Code of Conduct, including but not limited to a non-refundable removal from the program.

By signing below, you agree to the Code of Conduct.

In addition, I hereby certify that I am over nineteen (19) years of age or have obtained the written consent of my legal parent/guardian below.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____

APPENDIX C: LIBRARY USAGE

Student Name (printed in full): _____

By signing below, I hereby consent that items borrowed from the Emily Carr Library, as a Community Borrower, will be returned to the library by me, in good condition and on or before the due date indicated at the time of borrowing.

I am aware that failure to return library materials in adequate condition or in a timely fashion will result in fines incurred by me, for which I am solely responsible. I understand that failure to remit library fines while participating in the 2017-2018 Teen Art Group (TAG) will prevent subsequent registration in courses and programs at Emily Carr University of Art + Design.

I am signing this release freely and voluntarily, and in executing this release do not rely on any inducements, promises, or representations made by Emily Carr University of Art and Design, its employees, agents, successors, or anyone acting under its authority or permission, and those individual(s) contracted by ECUAD.

In addition, I hereby certify that I am over eighteen (18) years of age or have obtained the written consent of my legal parent/guardian below.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____

APPENDIX D: ARTWORK(S) AND VIDEO CONSENT FORM (MINORS)

Student Name (printed in full): _____

As a student attending the 2017-2018 Teen Art Group (the “**Program**”) offered by the Emily Carr University of Art + Design (“**ECUAD**”), I understand that ECUAD may wish to take photographs or videos of me during my attendance at the Program or make other uses of the artwork I create in the Program for the purposes of the Program, and for:

- Artistic Display,
- Use in Academic Programs,
- Advertising or Marketing ECUAD and its Programs and Services
- Recruiting Staff or Students to ECUAD; and
- Other related purposes.

I consent to ECUAD, and its directors, officers, employees, contractors and authorized agents (the “**Personnel**”) creating, using and editing my photograph, portrait, video tape or electronic images, recordings or other reproductions or representations of my likeness, including my voice and statements (collectively “**My Likeness**”), for the purposes described in this Consent, and to the use of My Likeness for the purposes described in this Consent in any publication, display, broadcast, webcast or other exhibit, theatrically or otherwise. I also confirm that I have not given anyone the exclusive right to use my Likeness.

I also acknowledge that ECUAD considers any photographs or videos of me taken during the Program to be its exclusive property and it does not recognize any legal interest that I may have in them except as set out herein. I further understand that I will not have the opportunity or right to inspect or approve the publications or promotional materials, including written or electronic copy, in which My Likeness may appear.

In addition, I consent to the use, display or publication by ECUAD of any art or other work(s) I produce during the Program (the “**Artwork**”) for the purposes described in this Consent, including the use, display or reproduction of the Artwork within programs brochures or catalogues, art exhibitions, broadcast, webcast, or publications, or other exhibit, display, or publication.

I understand that ECUAD has no plans to compensate me for the use, publication, or display of the Artwork or My Likeness whether or not ECUAD generates any income or revenue from such use, publication or display or I suffer any loss or damage resulting from such use, publication or display.

I confirm that I am signing this Consent freely and voluntarily, and in executing this Consent do not rely on any inducements, promises, or representations made by ECUAD or its Personnel. If any part or provision in this Consent is found to be unenforceable, then the remainder of the Consent shall continue to be enforceable.

By signing below, I understanding that I am consenting to the use, display and publication of My Likeness and the Artwork as described above.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____