



**2010  
HIGH SCHOOL INTENSIVE PROGRAM (H.I.P.) APPLICATION FORM**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Why do you want to be a part of this program? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

What did you do last summer? \_\_\_\_\_  
\_\_\_\_\_

Do you know what you want to do after you graduate high school? \_\_\_\_\_  
\_\_\_\_\_

Please list any extracurricular activities (clubs, job experience, volunteer positions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is true and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT/GUARDIAN SIGNATURE FORM

I give permission for my son/daughter to participate in the DAC High School Intensive Program. I understand that the length of involvement is July 7 to August 27, 2010. I certify that my son/daughter will be able to attend the full program from 1pm to 5pm on Wednesdays and Fridays. I also understand that DAC and DAC employees will not be liable for any accident or injury incurred during my son/daughter's participation in the program. Furthermore, I give permission for my son/daughter to go on field trips off-site. I authorize the bearer of this form to allow any doctor, medical facility, or paramedical unit to provide any emergency medical care deemed necessary in the event of injury and/or illness to my child while participating in DAC High School Intensive Program.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Emergency Contact Info:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### HOW TO APPLY:

The completed High School Intensive Program Form and Parent/Guardian Form should be sent by mail to the following address:

Dumbo Arts Center 30 Washington Street Brooklyn, NY 11201  
or by e-mail to: [amanda@dumboartscenter.org](mailto:amanda@dumboartscenter.org) with the subject line 'High School Program.'

### DEADLINE FOR SUBMISSION IS June 1, 2010.

You will be notified of the status of your application in early June.

Please feel free to call the gallery if you have any questions at 718-694-0831. Thank you for your interest and we look forward to hearing from you!