

School of the Art Institute of Chicago Continuing Studies 36 South Wabash Avenue, suite 1201 Chicago, IL 60603 Email: cs@saic.edu Phone: 312.629.6170 Fax: 312.629.6171

STUDENT INFOR	RMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)	I am: A New SAIC student A Returning	SAIC student
Last Name	First Name	Preferred Name	MI ID # (if returning)
Address			Apartment
City	State	Zip Code Date of Birth (MM/DD	D/YYYY)
STUDENT GENDER	:		
☐ Male ☐ Femal	Primary Email Address (confirmation will be sent here)	Primary Phone:	Secondary Phone: Mobile Home World
EMERGENCY CO	NTACT INFORMATION		
Last Name	First Name	Relationship to student	
Email address		Phone: Mobile Home Work	
OPTIONAL			
Class number	Title		Day(s) Meeting times
ciass number	Title	ciass dates	bugo, recting times
Class number	Title	Class dates	Day(s) Meeting times
Class number	Title	Class dates	Day(s) Meeting times
ARTICARD (Stud	ent ID)		
All students will re	ceive an ARTICard, SAIC's mandatory identification card. Please visit saic.	edu/articard for more information.	
CONTINUING ST	UDIES ACKNOWLEDGMENT + AGREEMENT		
A 100 percento cs@saic.edI give SAIC peI hereby waixI have read aI have read a	that I am financially responsible for the course(s) for what tuition refund will be issued one week prior to the session and include the student's name, ID number, and course emission to obtain emergency medical care, hospital, or we liability against SAIC for such care and for transportation agree to abide by the Rights and Responsibilities for Annal agree to the terms outlined on the ACE Media Consentation agree to the terms outlined on the ACE media Consentation.	on start date. All requests to drop a co se information. clinic treatment for me. on provided to such locations as deen ACE Students, available online at saic.	ned necessary by SAIC. edu/cs_forms
x			
Signature require	ed of student or parent/legal guardian if student is under 18 years	s of age.	Date

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□Spring Year: 20

THE MADELEINE STANLEY-JOSSEM SCHOLARSHIP

ladeleine Stanley-Jossem was born in 1908 in Sarre-Union, a small village in the Alsace region of France. A sculptor, painter, writer, teacher, and
night and a part works of art are in museums and private collections throughout North and Couth America and Curena In 1004. Madeleina

spiritual guide, her works of art are in museums and private collections throughout North and South America and Europe. In 1984, Madeleine Stanley-Jossem relocated to Chicago and began a long-standing and fulfilling relationship with Continuing Studies at the School of the Art Institute of Chicago, where she taught oil painting and sumi-e, the art of Japanese brush painting. In 1996, the French government awarded her Le Chevalier dans l'orde des Arts et Lettres for her contribution as an artist. She maintained her love of art and teaching until her death at the age of 91.

The Madeleine Stanley-Jossem Scholarship is a need- and merit-based fund that will benefit one Adult Continuing Education student each fall and spring semester. The scholarship will cover 100% tuition for one ten-week course.

APPLICATION REQUIREMENTS:

- Five images of your most recent art or design work. Portfolio submissions must be submitted via SlideRoom. Create a SlideRoom account at saicscholarships.slideroom.com, load images into the ACE Madeleine Stanley-Jossem Scholarship Application category.
- 2. Completed Adult Continuing Education (ACE) Non-Credit Registration Form, which is included in this document.
- 3. Completed the Madeleine Stanley-Jossem Scholarship Application Form.
- 4. Financial documentation—a copy of **Form 1040** from the most recent tax return (the first two pages). **If you are unable to submit** these documents, please contact us at cs@saic.edu.

MAIL OR DELIVER MATERIALS TO:

Continuing Studies School of the Art Institute of Chicago 36 S Wabash Ave, suite 1201 Chicago, IL 60603

MADELEINE STANLEY-JOSSEM SCHOLARSHIP APPLICATION FORM

CONTACT INFORMATION (F	PLEASE COMPLETE ALL FIELDS AND PRI	NT CLEARLY)	□Fall □Spring Year: 20
.ast Name	First Name	Preferred Name	MI ID # (if returning)
Address			Apartment
Tity	State	Zip Code Date of Birt	ih (MM/DD/YYYY)
Primary Email Address ADDITIONAL INFORMATIO	Secondary Email Address	Primary Phone:	□ Work Secondary Phone: □ Mobile □ Home □ Work
	ent Academic Year:	Number of Students in College for C	urrent Academic Year:
The information reported i	in this application is true and correct	to the best of my knowledge.	
x			
Parent's signature (parent/legal	guardian must sign if the student is under 1	.8 years of age)	Date

^{*}Original work will not be accepted with applications.

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Accommodations for Students with Disabilities

The School of the Art Institute of Chicago is committed to providing opportunities for full participation in all programs for students with disabilities, including Continuing Studies students and Students At Large. Disabled students should first contact the Disability and Learning Resource Center (DLRC) to request reasonable accommodations. To plan for the most effective accommodations, we ask that you contact the DLRC at least two weeks before the start date for your course. For more detailed information about the DLRC and the accommodations process, see https://www.saic.edu/life-at-saic/wellness-center/disability. The DLRC can be reached by phone at 312- 499-4278 or email dlrc@saic.edu.