Attached you will find these documents:

- Early College Program Registration Form
- ECP Chicago Youth Artists Scholarship Application Form
- Consent Form

All students must complete and return the Early College Program Registration Form and Consent Form. Students with allergies or other medical/health conditions that may require emergency assistance should also complete the Allergy History form and/or Emergency Action Plan included in this document.

Note: To ensure that you receive all future communication, including registration confirmation, welcome message, notices regarding road closures, etc., please include a valid email address in the STUDENT INFORMATION and/or PARENT INFORMATION section of the registration form and add cs@saic.edu to your contacts.

Additional details regarding the program can be found online at Hgh School>High School Commuter Classes>Student Information.
Early College Program (ECP) Registration Form

STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)

Legal Last Name: [Field]  Legal First Name: [Field]  Preferred Name: [Field]  MI: [Field]  ID # (if returning): [Field]

Address: [Field]  Apartment: [Field]

City: [Field]  State: [Field]  Zip Code: [Field]  Date of Birth (MM/DD/YYYY): [Field]

STUDENT GENDER: [ ] Male  [ ] Female

Primary Email Address (confirmation will be sent here): [Field]

School Name/Type: [Field]  Grade: [Field]  HS Grad Year: [Field]

How did you hear about us? [ ] Brochure  [ ] Email  [ ] Friend  [ ] I am a returning student  [ ] The Art Institute of Chicago  [ ] SAIC Website  [ ] Teacher  [ ] Other

PARENT/GUARDIAN INFORMATION (All fields required)

Last Name: [Field]  First Name: [Field]

Relationship to student: [Field]  Email Address: [Field]

Phone: [ ] Mobile  [ ] Home  [ ] Work

OPTIONAL

Do you consider yourself to be Latino/Hispanic? [ ] Yes  [ ] No

In addition, select one or more of the following racial categories to describe yourself: [ ] Native American  [ ] Asian  [ ] Black or African American  [ ] Native Hawaiian  [ ] White

How did you hear about us? [ ] Brochure  [ ] Email  [ ] Friend  [ ] I am a returning student  [ ] The Art Institute of Chicago  [ ] SAIC Website  [ ] Teacher  [ ] Other

COURSE SELECTIONS

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<tr>
<th>Class number</th>
<th>Title</th>
<th>For credit (juniors/seniors only)</th>
<th>Class dates</th>
<th>Day(s)</th>
<th>Meeting times</th>
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ARTICARD (Student ID)

All students will receive an ARTICard, SAIC’s mandatory identification card. This card permits access to School facilities and the Art Institute of Chicago museum, and must be worn at all times. Students who send in the required items will receive their ID on the first day of class. Students who are unable to attend the first day should still send in their photo for an ID. Please visit tinyurl.com/CS-articard for details, and tinyurl.com/articardFAQ for info.

CONTINUING STUDIES ACKNOWLEDGMENT + AGREEMENT

Registration/Cancellation: I understand that I am financially responsible for the course(s) for which I am registering. A full refund will be granted for cancellations submitted in writing or in person one week before the class. I agree to the foregoing on behalf of myself/my child or ward.

Signature required of student or parent/legal guardian if student is under 18 years of age.

X
ECP CHICAGO YOUTH ARTIST EDUCATIONAL SCHOLARSHIP

Founded in 2012, the ECP Chicago Youth Artist Educational Scholarship is a need- and merit-based fund that will benefit Chicago Public School high school students enrolled in the Early College Program. The scholarship will cover 100% tuition for a non-credit (audit) fall, spring, or summer commuter class. The scholarship is only applicable for non-credit (audit).

APPLICATION REQUIREMENTS

☐ Completed Early College Program (ECP) Registration Form

*The Early College Program registration form can be found under the Forms and Downloads.*

☐ Completed ECP Chicago Youth Artist Educational Scholarship Form

☐ Portfolio: Your portfolio should be a collection of 5 to 10 pieces of your best and most recent work and should reflect your interests, skills, and willingness to explore, experiment, and express yourself.

Guidelines for submitting work:

- Each digital image file must be saved as a JPEG and must be smaller than 5MB each.
- Film, video, animation, or sound portfolios may not exceed 5 minutes. You can include multiple clips of different projects within this 5-minute limit.
- Portfolio submissions must be submitted via SlideRoom.

*Create a SlideRoom account at saicscholarships.slideroom.com, load images in the ECP CYAE portfolio category.*

☐ Recommendation: Applicants must submit one letter of recommendation from a teacher or another academic professional who can evaluate motivation, commitment, and maturity. (See page two for Letter of Recommendation Form.)

☐ Financial Documentation: Financial documentation must include a copy of Form 1040 from the family’s most recent tax return (the first two pages). If you are unable to submit these documents, please contact us at cs@saic.edu.

CONTACT INFORMATION

Last Name ___________ First Name ___________ Preferred Name ___________ MI ___________ ID # (if returning) ____________

Address ___________ Apartment ___________

City ___________ State ___________ Zip Code ___________ Date of Birth (MM/DD/YYYY) ___________

Parent Email Address ___________ Student Email Address ___________ Primary Phone: ☐ Mobile ☐ Home ☐ Work ☐ Secondary Phone: ☐ Mobile ☐ Home ☐ Work

ADDITIONAL INFORMATION

School Name: ___________________________ School Type: ☐ Public ☐ Private/Independent ☐ Parochial ☐ Charter/Magnet ☐ Home School

Current Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Size of Household: ___________ Have you previously submitted financial documentation to SAIC? ☐ Yes ☐ No

Are there any other family members applying for financial aid from SAIC? ☐ No ☐ Yes If yes, how many? ___________

Note: Scholarship applicants must submit a completed registration form and Form 1040 from the family’s most recent tax return for financial documentation. Unless circumstances warrant, applicants need to provide financial documentation only once per academic year (fall, spring, summer), though completed ECP Chicago Youth Artist Educational Scholarship Form is required each term. Only students applying for need-based aid and/or scholarship must submit financial documentation. Submission of the required financial documents does not guarantee financial aid assistance. All applications will be reviewed based on the school’s financial aid need-based guidelines.

Signature (parent/guardian must sign if student is under 18 years of age) ___________ Date ___________
Founded in 2012, the ECP Chicago Youth Artist Educational Scholarship is a need– and merit–based fund that will benefit Chicago Public School high school students enrolled in the Early College Program. The scholarship will cover 100% tuition for a non–credit (audit) fall, spring, or summer commuter class.

Please assess the above student’s motivation, commitment, and maturity.

PLEASE RATE THE STUDENT’S ABILITY IN THE FOLLOWING AREAS (CHECK ONE):

- Shows interest in the visual arts: □ Strong □ Average □ Weak
- Is a creative thinker: □ Strong □ Average □ Weak
- Shows academic potential: □ Strong □ Average □ Weak
- Works well with others: □ Strong □ Average □ Weak
- Shows ambition and self–motivation: □ Strong □ Average □ Weak
- Shows respect for others: □ Strong □ Average □ Weak

Thank you for your time and support of this student.

Please return completed recommendation to:
ECP Chicago Youth Artist Educational Scholarship
c/o Continuing Studies
School of the Art Institute of Chicago
36 S Wabash Avenue, suite 1201
Chicago, IL 60603
Email: ecp@saic.edu
Phone: 312.629.6107
Fax: 312.629.6171
CONSENT FORM

This form is required for participation in Children’s Workshops in Art + Creativity, the Middle School Program, and the Early College Program, and is valid and for one term. Forms must be signed, as typed names cannot be accepted.

ACKNOWLEDGMENT and AGREEMENT

Medical: I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation provided to such locations as deemed necessary by SAIC.

Rules of Conduct: I have read and agree to abide by the SAIC Rules of Conduct listed online in Forms and Downloads. If in ECP, I have read and agree to abide by the SAIC Student Rights and Responsibilities listed online.

Photo/Video: I give SAIC permission to video or photograph me participating in instructional and/or social activities at SAIC and to publish such videos or photographs. I agree to the forgoing on behalf of myself/my child or ward.

Participation in Field Trips
In consideration of my minor child or ward (“Student”) being allowed to participate in any field trip conducted as part of SAIC’s Youth Programs, I do hereby, for myself, the Student and my dependents, heirs, executors, administrators, agents and assigns, agree to waive, hold harmless, indemnify, covenant not to sue, release, and forever discharge the Art Institute of Chicago, the School of the Art Institute of Chicago and their trustees, officers, employees, members, agents, successors, and assigns (hereafter collectively referred to as “Releasees”), for and from any and all responsibility, liability, causes of action suits, damages, demands, and claims whatsoever which I, the Student or those claiming under either of us may have, suffer, or incur now or in the future resulting from or arising out of the Student’s participation in said field trip and any direct or indirect event in connection therewith occurring before, during and/or after said trip, including, but not limited to claims for death, personal injury, property damage or loss, whether arising out alleged strict liability, negligence of Releasees, or otherwise.

On behalf of myself and the Student, I further agree to indemnify and hold harmless said Releasees of and from all liabilities described above, arising out of or connected with the Student’s participation in said field trip, including any claims of third persons relating to the above matters, whether by subrogation or otherwise.

Parent/guardian signature: ________________________________ Date: __________________________

MIDDLE SCHOOL PROGRAM (AGES 10-13) ONLY:

Permission for Unescorted Dismissal
Students are not permitted to leave campus unescorted without prior written approval indicated on the Consent Form (last section). If you prefer to allow your child to leave at the end of class without the presence of an approved parent or guardian holding a pick up pass, complete this part of the consent form by checking “yes” and signing. (Not valid for students in Children’s Workshops in Art and Creativity or the Early College Program).

My child/ward may leave unescorted at time of class dismissal. YES [ ] NO [ ]

Parent/guardian signature: ________________________________ Date: __________________________