



Adult Continuing Education (ACE) Non-Credit Registration Form Fall Winter Spring Summer Year: 20 _____

STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY) I am : A New SAIC student A Returning SAIC student A Certificate Program student

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

Address Apartment

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

STUDENT GENDER:

Male Female Primary Email Address (confirmation will be sent here) Primary Phone: Mobile Home Work Secondary Phone: Mobile Home Work

EMERGENCY CONTACT INFORMATION

Last Name First Name Relationship to student

Email address 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

Class number Title Class dates Day(s) Meeting times

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ARTICARD (Student ID)

All students will receive an ARTICard, SAIC's mandatory identification card. Please visit saic.edu/articard for more information.

CONTINUING STUDIES ACKNOWLEDGMENT + AGREEMENT

- I understand that I am financially responsible for the course(s) for which I am registering.
- A 100 percent tuition refund will be issued one week prior to the session start date. All requests to drop a course must be submitted in writing to cs@saic.edu and include the student's name, ID number, and course information.
- 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.
- I have read and agree to abide by the Rights and Responsibilities for ACE Students, available online at saic.edu/ace > **Forms and Downloads**
- I have read and agree to the terms outlined on the ACE Media Consent Form, available online at saic.edu/ace > **Forms and Downloads**
- I agree with the foregoing on behalf of myself/my child or ward.

X

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



THE MADELEINE STANLEY-JOSSEM SCHOLARSHIP

Fall Spring Year: 20 _____

Madeleine Stanley-Jossem was born in 1908 in Sarre-Union, a small village in the Alsace region of France. A sculptor, painter, writer, teacher, and 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:

1. 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.
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.**

**Original work will not be accepted with applications.*

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 (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)

Fall Spring Year: 20 _____

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

Address Apartment

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

Primary Email Address Secondary Email Address Primary Phone: Mobile Home Work Secondary Phone: Mobile Home Work

ADDITIONAL INFORMATION

Total Number in Household for Current Academic Year: _____ Number of Students in College for Current Academic Year: _____

The information reported 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 18 years of age) Date