



URBAN ARTISANS

APPLICATION FOR INTERNSHIP

To be considered for the UA program, you must answer the following questions as they pertain to you and your family. This information is required for statistical purposes only as it applies to our funding. All information is confidential. Your answers will not affect your acceptance.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Social Security Number _____

Birth Date _____ Gender: Male _____ Female _____

Emergency Contact _____

Relationship to You _____

Current School _____ Current Grade _____

Ethnic Origin: African American/Black _____ Asian/Pacific Islander _____

European American/White _____ Other _____

Native American Indian _____ Latino/ Afro-Caribbean _____

How many people (including yourself) live in your household? _____

Do you live with:

Mother only

Non-relatives _____

Father only

On your own

Mother & Father

Assisted living _____

Other relatives _____

Do you participate in a reduced lunch program at school? Yes _____ No _____

Do you, your family or household receive any of the following:

Food Stamps _____ Unemployment Compensation _____

Public Assistance _____ Social Security Benefits _____

Check the yearly income range of your household or family:

- \$0 – 7,500
- \$7,500 – 10,050
- \$10,051 – 12,600
- \$12,601 – 15,200
- \$15,201 – 17,800
- \$17,801 – 22,300
- \$22,301 – 28,000
- Above \$28,001

Do you have a diagnosed disability? _____

MI MO/S LD EH CD

AUTISM BLIND/VI DEAF/HI MULTI

USES WHEELCHAIR NON-VERBAL

OTHER _____

Applicant Signature _____ Date _____

If applicant under 18,
Parent Signature _____ Date _____

Please return to Linda Wisler
VSA Indiana, 1505 N. Delaware St., Indianapolis IN 46202
Ph. 317/974-4123 ; (FAX) 317/974-4124