



New York Student Trip Application

- 1. Name:**
- 2. Age:**
- 3. Current School:**
- 4. Grade:**
- 5. Gender** (Please note that AWB is an ally of LGBTQT students. However, we need to make appropriate room assignments for those selected. Please describe yourself however you feel comfortable):
- 6. Please describe your involvement in the arts. The term “arts” should be applied broadly to include music, visual arts, dance, creative writing, drama, etc.:¹**

- 7. Have you ever utilized AWB programs. If so, please describe which program(s):**

- 8. What would a trip to NYC mean to you and your art?**

¹ You may attach extra pages to the application if you need more space. Please just make it clear which question you are answering on the additional page(s).

9. What are you most interested in doing while in NYC?

10. Do you have any handicap that would require special accommodations? (AWB will not disqualify anybody based upon special needs, but we need to make appropriate accommodations if necessary):

11. How much, if anything, would you or your family be able to financially contribute to the trip? (Please note that no financial contribution is necessary and we will not pick candidates based upon ability to contribute. However, we need to make an accurate determination of our ultimate budget):

12. If AWB pays for a student's trip, including plane tickets, lodging, and entertainment, we have asked each student to pay for the majority of their meals. Meals will cost between \$200 and \$500 for the trip. Would you be able to raise this amount prior to June when the trip takes place? (Please note that we will not penalize students who absolutely cannot bring money for a meal. However, we need to know whether to budget for any student meals):

13. Contact information for the student and parent(s) or guardian(s) (Phone, email, address):

AWB requires two recommendation letters from teachers at your current school. If you are a freshman, we will consider a recommendation letter from a middle school teacher. Each letter needs to have the teacher's telephone number and email address. Please mail or email the recommendation letters with your application.

Please mail or email your completed application and recommendation letters to Arts Without Boundaries by December 1, 2018 to the following: Arts Without Boundaries, PO Box 20392, Billings, MT 59104 or info.artswb@gmail.com.