



# the Performing ARTS ACADEMY



The Performing Arts Academy provides videography, photography, dance, music production and acting instruction to middle and high school youth in Central Indiana. The program components include weekly performing arts classes, academic support and an infusion of Black History. Students who participate in the program will be expected to maintain good grades or steadily progress academically and demonstrate positive behavior. IBE will provide academic and wrap-around support as well as performing arts instruction. Each participant must audition to determine placement in beginners or advance level class.

The 2019 cohort of students will participate in a "community reveal" and artist showcase during Summer Celebration which will take place at the Indiana Convention Center.

### To be eligible to participate, each student must:

- be 13-19 years old,
- have a household income of \$50,000 or less for complimentary registration OR pay \$50 per month for one arts component, and
- provide a signed release from parent(s) or guardian(s) for IBE to collect baseline academic data and provide adequate wrap-around support.

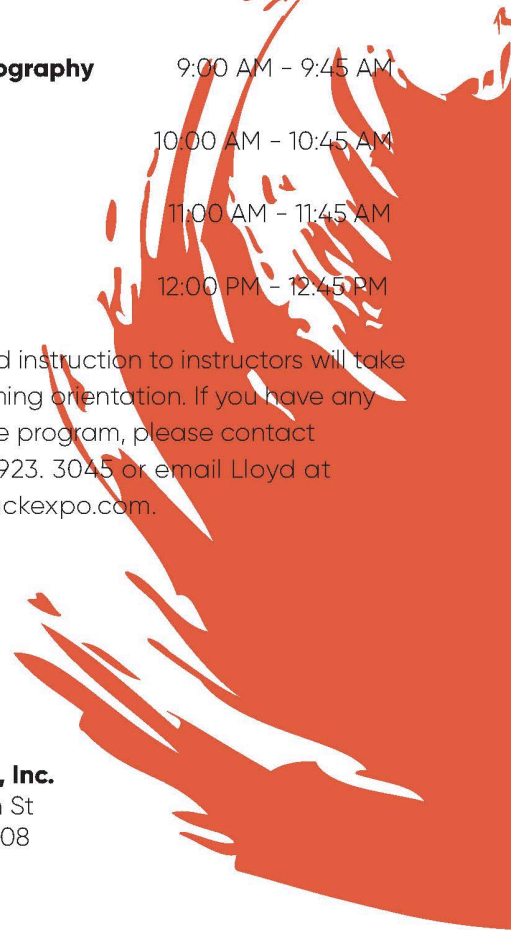
Orientation will take place on Saturday, February 16th, 2019 at the IBE headquarters located at 3145 North Meridian St, Indianapolis, Indiana 46208 at the following times:

<b>Videography/Photography</b>	9:00 AM - 9:45 AM
<b>Hip Hop Dance</b>	10:00 AM - 10:45 AM
<b>Music Production</b>	11:00 AM - 11:45 AM
<b>Acting</b>	12:00 PM - 12:45 PM

Program details and instruction to instructors will take place at the upcoming orientation. If you have any questions about the program, please contact Lloyd Taylor at 317. 923. 3045 or email Lloyd at [ltaylor@indianablackexpo.com](mailto:ltaylor@indianablackexpo.com).



**Indiana Black Expo, Inc.**  
3145 North Meridian St  
Indianapolis, IN 46208





ELEVATING EDUCATION THROUGH ARTISTIC EXPRESSION

Application (PLEASE PRINT LEGIBLY)

Program Interest Area (Please check all that apply)

- Acting, Dance, Music Production, Youth Media Institute

STUDENT INFORMATION

First Name, MI, Last Name, STN, Gender, Date of Birth, Ethnicity, E-Mail, Address, City, State, Zip Code, Cell Phone #, T-Shirt Size, Twitter Handle, Instagram Handle

PARENT/GUARDIAN INFORMATION

Student lives with, Guardian (1) First Name, Guardian (1) Last Name, Guardian Type (1), Guardian (1) E-Mail, Address (1), City (1), State (1), Zip Code (1), Home Phone (1), Work Phone (1), Cell Phone (1), Guardian (2) E-Mail, Address (2), City (2), State (2), Zip Code (2), Home Phone (2), Work Phone (2), Cell Phone (2)

EDUCATIONAL INFORMATION

Are you enrolled in school?, Please provide complete school name, Current School, Current Grade, High School Graduation Year 20, Did your child PASS or FAIL last year?, Does your child have an Individual Education Plan?

Complete the application and send it to us by one of the following ways: (1) scan it to your computer, upload it and email it to ltaylor@indianablackexpo.com; (2) fax it to Lloyd Taylor at 317.925.6624; (3) mail it to Indiana Black Expo, Inc. at 3145 North Meridian Street, Indianapolis, Indiana 46208; or (4) take a quick photo of both pages of your application and either text it to Lloyd Taylor at 317.941.3600 or email it to ltaylor@indianablackexpo.com.

**CAREER INTEREST**

\_\_\_\_\_ Accounting/Finance \_\_\_\_\_ Architecture/Construction \_\_\_\_\_ Business/Entrepreneurship \_\_\_\_\_ Communications/Media  
\_\_\_\_\_ Computer/Information \_\_\_\_\_ Technology \_\_\_\_\_ Education \_\_\_\_\_ Engineering \_\_\_\_\_ Law \_\_\_\_\_ Medical Field  
\_\_\_\_\_ Performing Arts/Creative Careers \_\_\_\_\_ Sports \_\_\_\_\_ Other \_\_\_\_\_ Undecided

Specific Career Field: \_\_\_\_\_

**PROGRAM INFORMATION**

First time in IBE Program: \_\_\_\_\_ Yes \_\_\_\_\_ No If so, which program: \_\_\_\_\_

If yes, how did you hear about us? \_\_\_\_\_ IBE Event \_\_\_\_\_ Church \_\_\_\_\_ Community Event/Organization \_\_\_\_\_ YMI  
\_\_\_\_\_ Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ School \_\_\_\_\_ Social Media \_\_\_\_\_ TV  
\_\_\_\_\_ Walk-in \_\_\_\_\_ Website \_\_\_\_\_ Other

If other, please specify \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

The following information is **REQUIRED** for IBE to obtain funding as a Non-Profit Organization. Names are never used and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total number of individuals living in household: \_\_\_\_\_ Does your child receive Free or Reduced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Household Income: \_\_\_\_\_ \$0 - \$9,999 \_\_\_\_\_ \$10,000 - 19,999 \_\_\_\_\_ \$20,000 - \$29,999  
\_\_\_\_\_ \$30,000 - \$39,999 \_\_\_\_\_ \$40,000 - \$49,999 \_\_\_\_\_ \$50,000 +

Check all programs that apply: \_\_\_\_\_ TANF \_\_\_\_\_ Food Stamps \_\_\_\_\_ Medicaid  
\_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Veterans Compensation \_\_\_\_\_ None

**PARENT/GUARDIAN CONSENT**

**Academic Records and General Release:** I hereby give permission for my child, named above, to attend and participate in the IBE programs, activities and initiatives. For the purposes of marketing IBE programs, I hereby give permission for my child to be photographed and/or recorded.

I also hereby give my permission for Indiana Black Expo, Inc., to secure copies of grades, attendance, discipline referral, suspension information, and school counselor's reports from my child's school. Student information collected by IBE from various vehicles is private and confidential. The data collected as well as the work product created is the sole property of IBE.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release:** I am the natural parent or legal guardian having custody of said child. In consideration of my child participating in IBE programs, I hereby voluntarily release and agree to hold harmless and indemnify IBE, each of its directors, officers, employees, volunteers and its partner organizations, or of said child. In the event that I cannot be reached in an emergency, I hereby give permission to the IBE staff/volunteer(s) to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by IBE staff/volunteer(s) to secure and administer treatment including hospitalization for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees and members. I hereby on behalf of my child waive, release and forever discharge any and all rights and claims for damages which my child may have or may not have accrued arising out of or connected with my child in any of the activities of IBE.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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