



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.

To be eligible to participate, each student must:

- be 13-19 years old,
- provide a signed release from parent(s) or guardian(s) for IBE to collect baseline academic data and provide adequate wrap-around support.
- provide a copy of child's last report card to start the program

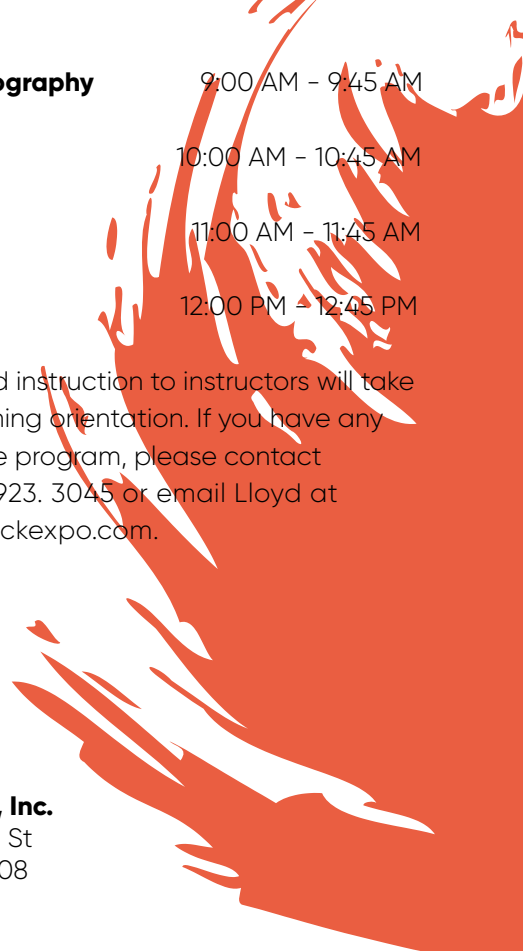
Orientation will take place on Saturday, September 7th, 2019 at the IBE headquarters located at 3145 North Meridian St, Indianapolis, Indiana 46208 at the following times:

Videography/Photography	9:00 AM - 9:45 AM
Music Production	10:00 AM - 10:45 AM
Hip-Hop Dance	11:00 AM - 11:45 AM
Acting	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.



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



Program Interest Area
(Please check all that apply)

- Acting
- Dance
- Music Production
- Youth Media Institute



ELEVATING EDUCATION THROUGH ARTISTIC EXPRESSION

Application
(PLEASE PRINT LEGIBLY)

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

STN: _____ (8-digit school ID) Gender: M F Date of Birth _____

Ethnicity: Caucasian African-American Hispanic Native-American
Asian-American Multi-Racial Other (If other, please specify)

E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone #: _____

T-Shirt Size: XS S M L XL 2XL 3XL 4XL 5X

Twitter Handle @ _____ Instagram Handle @ _____

PARENT/GUARDIAN INFORMATION

Student lives with: Mother and Father Two Parents Mother Only Father Only Aunt/Uncle
Grandparents Guardian Other: Specify Other _____

Guardian (1) First Name _____ Guardian (1) Last Name _____

Guardian Type (1): Mother Father Aunt Uncle Grandmother
Grandfather Brother Sister Guardian

Guardian (1) E-Mail: _____ Is address same as student? Yes No

Address (1): _____

City (1): _____ State (1): _____ Zip Code (1): _____

Home Phone (1): _____ Work Phone (1): _____ Cell Phone (1): _____

Guardian (2) E-Mail: _____ Is address same as student? Yes No

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? Yes No If no, please explain: _____
(If no, you will still be expected to enroll in an alternative education program, work on completing your GED or enroll in a Workforce Development Program)

Please provide complete school name (no acronyms) i.e. Warren Central High School not WCHS

Current School: _____ Current Grade: 6 7 8 9 10 11 12

High School Graduation Year 20__ Did your child PASS or FAIL last year? 21st Century Scholar Yes No DK

Does your child have an Individual Education Plan? Yes No Don't know

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 _____

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 Itaylor@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 Itaylor@indianablackexpo.com.



City of Indianapolis, IN – CDBG Client Profile Form

1. **Client Name:** _____
2. **Date of Birth:** _____
3. **Address:** _____
4. **Phone Number:** _____
5. **Is Client Under 18 years of Age?** Yes No
6. **Race (Pick One):**
- | | |
|---|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Other Multi - Racial |
|---|--|
7. **Hispanic Ethnicity** Yes No
8. **Female Headed Household** Yes No
9. **Military Veteran Household** Yes No
10. **Disability** Yes No

11. Income Guidelines:

- a. Step 1—Circle the number of persons in your household.
- b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

Number of Persons in Your Household								
2018 AMI Effective 6/1/18	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-16,250	\$0-18,550	\$0-20,850	\$0-23,150	\$0-25,050	\$0-26,900	\$0-28,750	\$0-30,600
31-50%	\$16,250-27,050	\$18,550-30,900	\$20,850-34,750	\$25,100-38,600	\$29,420-41,700	\$33,740-44,800	\$38,060-47,900	\$42,380-51,000
51-80%	\$27,050-43,250	\$30,900-49,400	\$34,750-55,600	\$38,600-61,750	\$41,700-66,700	\$44,800-71,650	\$47,900-76,600	\$51,000-81,550
Over 80%	\$43,250+	\$49,400+	\$55,600+	\$61,750+	\$66,700+	\$71,650+	\$76,600+	\$81,550+

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Indianapolis and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

Client Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____