

# ARTS: SUMMER AT PENN APPLICATION

Apply online at [www.jkcp.com/artsatpenn](http://www.jkcp.com/artsatpenn)

\*Indicates required field

## Student Information

FIRST NAME*	MIDDLE NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LAST NAME*
PREFERRED NAME (NICKNAME)	GENDER*	DATE OF BIRTH*
EMAIL ADDRESS*	HOME PHONE NUMBER	
ADDRESS*	ADDRESS 2	
CITY*	STATE/PROVINCE	
COUNTRY*	ZIP/POSTAL CODE	

## Parent/Guardian Information

FIRST NAME*	LAST NAME*	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE GENDER*
DATE OF BIRTH*	EMAIL ADDRESS*	
HOME PHONE NUMBER*	BUSINESS/WORK PHONE NUMBER	CELL/MOBILE PHONE NUMBER*
ADDRESS*	ADDRESS 2	
CITY*	STATE/PROVINCE	
COUNTRY*	ZIP/POSTAL CODE	

## How did you hear about Julian Krinsky Camps & Programs? (Please check all that apply.)

☐ PREVIOUSLY ATTENDED A SUMMER PROGRAM WITH JKCP

NAME OF PROGRAM	
<input type="checkbox"/> PERSON	<input type="checkbox"/> Alumni <input type="checkbox"/> Coach or Pro <input type="checkbox"/> Friend <input type="checkbox"/> Teacher <input type="checkbox"/> Foundation or Non-Profit <input type="checkbox"/> Guidance or College Counselor <input type="checkbox"/> Relative <input type="checkbox"/> Other Person
Please indicate the person's or organization's name and relationship:	
<hr/>	
Please provide the person's email address or organization's website:	
<hr/>	
<input type="checkbox"/> REFERRAL AGENCY	Agency or Agent Name <hr/>
<input type="checkbox"/> ONLINE	<input type="checkbox"/> JKCP Site <input type="checkbox"/> Penn or Wharton Site <input type="checkbox"/> Other Site <input type="checkbox"/> Search Engine <input type="checkbox"/> Social Media <input type="checkbox"/> Online Advertising
<input type="checkbox"/> OFFLINE	<input type="checkbox"/> College/University <input type="checkbox"/> Mailing <input type="checkbox"/> Advertisement <input type="checkbox"/> Event
<input type="checkbox"/> OTHER	<hr/>

## School Information

SCHOOL CURRENTLY ATTENDING	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 CURRENT GRADE
ADDRESS	GRADUATION YEAR
CITY/STATE/ZIP	COUNTRY
PHONE	GUIDANCE OR COLLEGE COUNSELOR NAME
<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> HOME TYPE OF SCHOOL	GUIDANCE OR COLLEGE COUNSELOR E-MAIL



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Please answer all of the following to the best of your ability.

## Recommender Information

Please list two recommenders who will support your application for admission. We will contact each recommender to provide our letter of recommendation form. Recommendations will be used exclusively in the evaluation process and will be kept strictly confidential from both candidates and parents. At least one of the two recommenders should be a teacher from your school.

RECOMMENDER 1 NAME	PHONE	E-MAIL (REQUIRED)
POSITION /SUBJECT TAUGHT		
RECOMMENDER 2 NAME	PHONE	E-MAIL (REQUIRED)
POSITION /SUBJECT TAUGHT		

## Student Questionnaire

List any extracurricular activities (sports, arts, community service, after school classes, workshops, school newspaper, yearbook, special skills):

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List any academic, community, or athletic honors or awards:

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Please describe your areas of interest and what skills you feel you can contribute to those areas.

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If applying for the animation production or digital video production major, or the graphic design or experiments in video minor please list relevant software experience and level of proficiency (i.e moderate experience with Adobe Creative Suite, proficient in After Effects).

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What do you hope to accomplish during the program? What do you hope to gain from this experience? (Answer question in 200 words or less)

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## Select a MAJOR

Please complete this section (one maximum).

### ART MAJOR STUDIOS

- |   |   |
|---|---|
| <input type="checkbox"/> Animation Production | <input type="checkbox"/> Sculpture & Ceramics |
| <input type="checkbox"/> Drawing & Painting   | <input type="checkbox"/> Video Production     |
| <input type="checkbox"/> Photography          |   |

## Please select your ART ELECTIVE STUDIOS

Art students should choose elective studios, indicating the first choice with a "1" and a second choice with a "2." Elective studio assignments will be distributed to accepted students by June 1st.

- |                          |                     |
|--------------------------|---------------------|
| ____ Digital Photography | ____ Mural Painting |
| ____ Figure Drawing      | ____ Graphic Design |
| ____ Figure Sculpture    |                     |

Every effort will be made to place you in your preferred elective studio, however, curriculum efficacy and safety concerns limit the number of students in each course.

## Application Requirements

The following application requirements must be submitted as soon as possible by mail, email or fax to:

ARTS, 610 S. Henderson Road, King of Prussia, PA 19406  
Email: [arts@jkcp.com](mailto:arts@jkcp.com) • Fax: 610-265-3678

- ☐ **Letters of Recommendation:** We will e-mail recommenders directly to offer a letter of recommendation form.
- ☐ **Copy of Academic Transcript:** Must include Fall 2014 grades.
- ☐ **Art Portfolio** (please see the How to Apply to Arts: Summer at Penn form for art portfolio submission recommendations):  
**Please select which of the approved digital submission formats you will use:**
  - ☐ PDF file   ☐ Website URL
- ☐ **Digital Identification Photo** is required for dorm and dining hall access. Photo guidelines will appear in your confirmation e-mail.

Your application is only considered complete when all of the following are received. Telephone interviews may be required after your application is complete.



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## Program Dates and Tuition

### RESIDENTIAL STUDENTS

□ July 5 – August 1\*

\$5,975 (plus weekend stays)

(International Students may arrive July 4)

Fee includes tuition, housing, on-campus meals, course materials and equipment (excluding lock and 35mm camera).

\*Student exhibition will be held Friday, July 31, 2–4 p.m. Families welcome.

#### Additional Fees

- Nonrefundable application fee \$75 (payable at time of application)
- Weekend Stay \$600 (\$200 per weekend)

### DAY STUDENTS

□ July 6 – July 31\*

\$3,550

No class Friday, July 4. Activities are planned.

Fee includes tuition, lunch, weekday trips, course materials and equipment (excluding lock and 35 mm camera).

\*Student exhibition will be held Friday, July 31, 2–4 p.m. Families welcome.

#### Additional Fees

- Nonrefundable application fee: \$75 (payable at time of application)

## Payment of Fees

**A \$500 deposit\*\* for residential students (\$250 deposit\*\* for day students) plus a \$75 nonrefundable application fee must accompany this application.** Please make your check payable to Julian Krinsky Camps and Programs and mail to: ARTS, 610 S. Henderson Road, King of Prussia, PA 19406.

\*\*If you are not accepted into the program, your deposit will be returned.



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## Terms and Conditions

Student Name: \_\_\_\_\_

**By submitting this application, I understand, acknowledge and agree to the following:**

Applications are confirmed in order of receipt and JKCP will notify me if my preferred session is not available. My application will not be considered complete until my application fee and deposit have been received.

Applications are confirmed in order of receipt and we will notify you if your preferred session is not available. Your application will not be considered complete until your application fee and deposit has been received.

Upon acceptance, my balance must be paid in full immediately. I agree to contact JKCP or make payment arrangements upon acceptance.

Any participant who fails to pay in full in accordance with the guidelines above may be subject to exclusion from participation.

Upon submission of this application, I will be given access to an online account and will be asked to use this online account to complete additional requirements. I may contact [arts@jkcp.com](mailto:arts@jkcp.com) or 610.265.9401 for assistance with my online account.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (please print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE