

Experience It Yourself!

School of Media Arts Student Application Form



I wish to participate in the adjudications for the 2016 School of Media Arts.

I plan to mail my media work to Albany (work must be postmarked by **February 15, 2016**).

PLEASE PRINT CLEARLY

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Current Street Address _____ City _____ State _____ Zip Code _____ County _____

Student Cell Phone _____ Student Email _____ Current Grade _____

Parent Cell Phone _____ Parent Email _____ Parent Home Phone _____

School _____ Principal _____ School Telephone _____

School Address _____ City _____ State _____ Zip Code _____

Media Teacher(s) _____ Email Address _____ School Telephone _____

I am submitting work in: Computer Animation and Intermedia Electronic Sound Art Digital Photography 16 mm Film Video

I am applying for: Computer Animation and Intermedia Electronic Sound Art Digital Photography 16 mm Film Video

Have you attended the School of Media Arts in the past? Yes No

How did you hear about NYSSSA? _____

I would like to receive mail copies of NYSSSA correspondence (Please note all student results will be emailed to addresses provided above) Yes

Student's Signature

Signature of Parent/Guardian

Please Print Names of Parent/Guardian
www.oce.nysed.gov/nysssa/

Mail to:
New York State Summer School of the Arts
State Education Department
Office of Cultural Education
222 Madison Avenue
Room 10D79
Albany, NY 12230