



## InnerSpark Animation Application—2009

c. Email address: \_\_\_\_\_

d. Date of Birth (use numbers): \_\_\_\_/\_\_\_\_/\_\_\_\_.

e. Age: \_\_\_\_\_

f. Gender: ( ) male ( ) female

g. Grade Level to be completed as of June 2009: \_\_\_\_\_

h. Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

i. Student Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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### 3. PARENT/GUARDIAN INFORMATION

a. Parent/Guardian First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

b. Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

c. Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

d. Parent Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

e. Email address: \_\_\_\_\_

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### 4. SCHOOL INFORMATION

a. Current School: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ California County: \_\_\_\_\_

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### 5. ATTENDANCE VERIFICATION

(Use separate Attendance Verification form): To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form.

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### 6. RECOMMENDATION INFORMATION

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be schoolteachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

#### FIRST RECOMMENDATION:

a. Name: \_\_\_\_\_

b. Position: \_\_\_\_\_

c. School (if applicable): \_\_\_\_\_

d. Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

#### SECOND RECOMMENDATION:

a. Name: \_\_\_\_\_

b. Position: \_\_\_\_\_

c. School (if applicable): \_\_\_\_\_

d. Address

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

### 7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts (InnerSpark)?

a. Friend  b. Internet  c. Poster  d. Teacher  e. School Administration

f. Local Arts Organization  g. Other (Specify): \_\_\_\_\_

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**8. CALIFORNIA RESIDENTS ONLY: WHO ARE YOUR LEGISLATIVE REPRESENTATIVES?**

State Senator: \_\_\_\_\_

State Assembly Member: \_\_\_\_\_

To determine your legislative representatives, go on the internet to  
<<http://www.leginfo.ca.gov/yourleg.html>>.

**9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?**

( ) a. Physical:

- ( ) Legally blind/visually impaired
- ( ) Mobility impairment (including orthopedic)
- ( ) Other impairment (please specify):

\_\_\_\_\_

( ) b. Communication:

- ( ) Speech impairment
- ( ) Hearing impairment
- ( ) Learning disability

Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. ETHNIC INFORMATION** This question is optional. The California State Summer School for the Arts is committed to enrolling a student body that is culturally diverse, as well as artistically talented. Answers are compiled and used for statistical purposes only. Your answer will not determine your qualification or selection for the school.

Check one:

- ( ) American Indian or Alaskan Native ( ) Hispanic
- ( ) Filipino ( ) Multi-Racial
- ( ) White (non-Hispanic) ( ) Pacific Islander
- ( ) Asian ( ) African American (non-Hispanic)
- ( ) Other \_\_\_\_\_

\_\_\_\_\_

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### 11. EDUCATIONAL INFORMATION

a. How many years have you studied your primary art form:

(1) In your school: \_\_\_\_\_

(2) Private study: \_\_\_\_\_

b. Do you have educational plans beyond high school? If yes please describe:

\_\_\_\_\_

c. If you attended previously, please circle the year(s) and indicate department(s):

( ) 2005 ( ) 2006 ( ) 2007 ( ) 2008 Department(s): \_\_\_\_\_

### 12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee by February 28, 2009 to the Department you are applying to at:

California State Summer School for the Arts (InnerSpark)

ATTENTION: Department \_\_\_\_\_

P.O. Box 1077

Sacramento, CA 95812-1077

- You MUST write the Department you are applying to on the outside of the envelope.
- A non-refundable \$20 APPLICATION FEE in the form of (check method of payment) is required:

( ) CHECK or MONEY ORDER made payable to "CSSSA" -- NO CASH

( ) VISA ( ) MasterCard

Card # \_\_\_\_\_ Expires Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Three to seven digit number found in signature box on back of card: \_\_\_\_\_

**Information Hotline: (916) 274-5815;**

**FAX: (916) 274-5814;**

**EMAIL: <application@innerspark.us>**

**InnerSpark Animation Application—2009**

**California State Summer School for the Arts (InnerSpark) 2009 Program  
RECOMMENDATION FORM  
DEADLINE: February 28, 2009**

To the Student: **YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!** Two separate Adults need to fill out a recommendation form for you. Please make sure that this form and all other parts of the application are submitted in the same envelope by February 28, 2009. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

**1. STUDENT INFORMATION**

Students please fill in the student information portion of this form before sending it to the individual who will be recommending you.

a. Student First Name: \_\_\_\_\_

b. Last Name: \_\_\_\_\_

**2. RECOMMENDING ADULT:** (Teacher, private instructor or other recommending adult).

a. Name of recommending individual:

\_\_\_\_\_

b. Recommender's Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Recommender's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

d. Subject Taught: \_\_\_\_\_

e. How many years have you known this student and in what capacity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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f. Indicate below your evaluation of the applicant:

1. Interest in chosen area:

Below Average  Average  Above Average  Superior

2. Ability in chosen area:

Below Average  Average  Above Average  Superior

3. Character:

Below Average  Average  Above Average  Superior

4. Cooperation:

Below Average  Average  Above Average  Superior

5. Leadership:

Below Average  Average  Above Average  Superior

6. Emotional Maturity:

Below Average  Average  Above Average  Superior

7. Personal Initiative:

Below Average  Average  Above Average  Superior

g. Additional comments:

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h. Signature:

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i. Date: \_\_\_\_\_

**3. PROVIDE COMPLETED FORM TO STUDENT**

(May be sealed for confidentiality).

California State Summer School for the Arts (InnerSpark); Information Hotline: (916) 274-5815 FAX: (916) 274-5814

## InnerSpark Animation Application—2009

### California State Summer School for the Arts 2009 Program FINANCIAL AID REQUEST

Financial aid is restricted to CALIFORNIA RESIDENTS. It is not awarded to students attending for a second summer regardless of department.

#### **DEADLINE: February 28, 2009**

- This form **must be submitted with the application** if you wish to be considered for financial aid. Your chances of acceptance to InnerSpark will not be affected by your financial aid application.
- You **MUST** submit a copy of parent/guardian's 2007 or 2008 (whichever is most recently filed) 1040, 1040A, or 1040EZ tax forms and supplements with this request.
- **DO NOT FILL OUT THIS FORM OR SUBMIT INCOME TAX RETURNS IF YOU ARE NOT APPLYING FOR FINANCIAL AID.**
- THIS APPLICATION MUST BE TYPED OR COMPLETED IN BLUE OR BLACK INK PEN, not pencil.

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

Student Social Security #: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Parent's current marital status (please check one)

Married. (Report income information for both parents, including step-parent).

Widow/Widower. (Report income information of surviving parent.)

Separated/Divorced. (Report income information on parent you lived with during the last twelve months.)

2. State of LEGAL RESIDENCE of parent(s): \_\_\_\_\_

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3. Total size of HOUSEHOLD during 2007-2008 school year including parents, all dependent children, and other dependents who live with your parents: \_\_\_\_\_

4. Parents' ADJUSTED GROSS INCOME:

a. Amount earned by father: \_\_\_\_\_

b. Amount earned by mother: \_\_\_\_\_

5. Total U.S. INCOME TAX PAID: \_\_\_\_\_

6. SOCIAL SECURITY BENEFITS that the entire family received. Omit educational benefits. (Do not report money included in No. 4 above.):

\_\_\_\_\_

7. AFDC welfare benefits received by parents. Report total annual amount, not monthly amounts. (Do not report money included in No. 4 above.)

\_\_\_\_\_

8. NON-TAXABLE INCOME. Include untaxed unemployment compensation, interest and dividend exclusion, military, or clergy housing allowances, the untaxed portion of capital gains, income from untaxed municipal bonds, child support, non-taxable retirement pay-outs, and non-educational veteran's benefits. (Do not report money included in No. 4 above.)

\_\_\_\_\_

9. UNREIMBURSED MEDICAL COSTS. Report medical expenses for the family which were not reimbursed. Use the same rules for calculation that the IRS allows, but exclude insurance premiums.

\_\_\_\_\_

10. STUDENT'S INCOME. Enter amount earned:

\_\_\_\_\_

11. STUDENT'S NON-TAXABLE INCOME. Enter total amount of untaxed income. (Use same definitions as in No. 8.)

\_\_\_\_\_

12. STUDENT'S SAVINGS. Enter total of checking and savings accounts.

\_\_\_\_\_

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13. PARENT'S CASH SAVINGS. Enter total amount of savings and checking accounts.

\_\_\_\_\_

14. HOME VALUE. Enter the current market value of your home, condominium, or mobile home.

\_\_\_\_\_

15. MORTGAGE DEBT. Enter the amount of principal still owed.

\_\_\_\_\_

16. REAL ESTATE AND INVESTMENTS. Enter market value of other real estate, investments, stocks, bonds, certificates of deposit, precious metals, etc.

\_\_\_\_\_

17. INVESTMENT DEBT. Enter amount owed on investments in No. 16.

\_\_\_\_\_

18. BUSINESS OR FARM. Enter the market value of your business or farm. Include inventory.

\_\_\_\_\_

19. BUSINESS/FARM DEBT. Enter the amount of debt owed on business or farm. Exclude non-family partner's share of debt.

\_\_\_\_\_

20. Total number of family members who are full-time college students.

\_\_\_\_\_

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Mail this form along with your application and materials by February 28, 2009 to:

**California State Summer School for the Arts (InnerSpark)**

**Attention: Department \_\_\_\_\_**

**P.O. Box 1077**

**Sacramento, CA 95812-1077**

Application and Financial Aid Info: (916) 274-5815

FAX: (916) 274-5814

EMAIL: [application@innerspark.us](mailto:application@innerspark.us)

**InnerSpark Animation Application—2009**

**California State Summer School for the Arts 2009 Program  
ATTENDANCE VERIFICATION FORM**

**POSTMARK DEADLINE: February 28, 2009, with completed application**

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript!

- A teacher or counselor from your high school must fill out this form for you.
- Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by California State Summer School for the Arts (InnerSpark).

ATTENDANCE VERIFICATION: To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that \_\_\_\_\_

(student) submitting this application is a bona fide student at:

\_\_\_\_\_ school.

Teacher/Counselor Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail\* this form along with your application and materials by February 29, 2008 to:

California State Summer School for the Arts (InnerSpark)  
Attention: Department \_\_\_\_\_  
P.O. Box 1077  
Sacramento, CA 95812-1077

\* You MUST write the Department you are applying to on the outside of the envelope.

Application and Financial Aid Information: (916) 274-5815 FAX: (916) 274-5814; email application@innerspark.us

## InnerSpark Animation Application—2009

### ANIMATION APPLICATION

Students do not need prior formal training in animation to apply to the Animation Program.

Applicants must submit completed application and teacher recommendation forms, and ALL of the following REQUIRED ASSIGNMENTS:

- A. One drawing that shows what you feel is unique about yourself.
- B. One drawing of any subject that interests you. You might consider an emotion, song, place or thing. Provide an explanation of the work on a separate sheet of paper, include the poem, or lyrics if appropriate.
- C. One drawing that you feel demonstrates your technical skills.
- D. Either a flip book that has at least 25 pages, or a video, on either mini-DV tape cassette or full-size DVD formats ONLY, of an animation you have created which demonstrates your understanding of motion. [Note: Mini-DV tape cassettes are not the same media format as Mini-DVD; Mini-DVD's will not be reviewed] Don't know what a flip book is? Take a look at these websites:  
  
<http://home.att.net/~RTRUSCIO/FLIPBOOK.htm> or  
  
[http://howto.wired.com/wiki/Make\\_a\\_Flip\\_Book\\_Animation](http://howto.wired.com/wiki/Make_a_Flip_Book_Animation)
- E. Two typed statements of no more than 150 words each addressing the following topics:
  - 1. The InnerSpark Animation program requires each student to complete 8 difficult projects in only 4 weeks. Give us an example of something you have done before in school or in your life that required you to work very hard, and tell us how you did on that task or group of tasks.
  - 2. Tell us why you are interested in animation.

#### RETURNING STUDENTS ONLY:

Applicants who attended the Animation Program previously must outline their reasons for wishing to return, and their learning objectives for a second summer. Also note: Assignments A through D must be new submissions that show your development and growth since you attended the program. Do not submit work you created at a previous session or your application will be disqualified. If you previously attended InnerSpark in an artistic discipline other than Animation, you must submit a recommendation from an InnerSpark instructor in that department.

## InnerSpark Animation Application—2009

### NOTE TO ALL APPLICANTS:

1. **VERY IMPORTANT:** The review committee insists that all work is presented with the utmost of care and attention, **AND THAT THERE BE NO COPYING OF EXISTING CARTOON CHARACTERS.** The applicant is highly encouraged to include submissions that explore a wide range of fine arts styles and ideas other than cartoon art.
2. Clearly label all assignments with the assignment letter, your name, and date of birth. You may submit a flashdrive with images in .jpg format, or color photocopies of the work required in Assignments A, B, and C. Original artwork on these 3 assignments will not be accepted. These assignments will not be returned to you.
3. If you send a video on mini-DV tape cassette, **YOU MUST CUE YOUR TAPE** to the beginning of the work!
4. If you want your flipbook, mini-DV or DVD returned to you, you must include a self-addressed, stamped shipping envelope or box with your application. We **DO NOT** assume responsibility for the loss or damage of any materials submitted.

Send your application assignments to:

California State Summer School for the Arts (InnerSpark)  
Attention: ANIMATION Department  
P.O. Box 1077  
Sacramento, CA 95812-1077