



TALLER
PUERTORRIQUEÑO
El Corazón Cultural Del Barrio
The Cultural Heart of Latino Philadelphia

Y.A.P. (Youth Artist Program Application)

Student's Information

Student's Name: _____ Soc. Sec. #: _____
Address: _____
City & State: _____ Zip Code: _____
Home Phone: _____ E-mail: _____
Date of Birth: _____ Age: _____
Name of School: _____ Grade: _____
Principal: _____ School Phone: _____
Art Teacher: _____ Counselor: _____

Parent/Guardian's Information

Parent/Guardian's Name: _____
Parent/Guardian's Address: _____
Phone: (Home) _____ (Work) _____
(Cell/Beeper) _____

Student's Talent, Skills and Education

Languages: Circle what best describes your understanding of each language.

Spanish

Writing: None, Some Fluent or Fluent

Conversational: None, Some Fluent or Fluent

English

Writing: None, Some Fluent or Fluent

Conversational: None, Some Fluent or Fluent

Please fill this questionnaire. You may use additional paper if necessary.

1. Do you have any previous experience in the visual arts? Yes _____ No _____
If yes, When? _____ Where? _____

2. Which art technique(s) do you work in the most? _____

(cont.)

Rafael A. Zapata, Chairman of the Board • Dr. Carmen Febo-San Miguel, Executive Director

2721 North 5th Street • Philadelphia, PA 19133 • p: 215.423.3311 • f: 215.426.5682

www.tallerpr.org



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3. Are you interested and willing to experiment and learn other art forms? Yes _____ No _____
If you any, which ones? _____

4. How long have you been creating art seriously? _____

5. Do you have any experience using computers? Yes _____ No _____
What programs? (Macintosh, PC.../Microsoft Office, Word Perfect, Illustration, etc.)

6. Are you committed to pursuing a career in the arts? Yes _____ No _____

7. What are your plans for the future? _____

Our Program...

8. Why do you want to be part of our program?

9. Are you willing and able to attend this program during the week (Mon. thru Fri.) and make a two-year commitment? Yes _____ No _____

10. What do you hope to get out of this program?

11. What do you intend to bring or contribute to this program?

12. How would you describe yourself as a person?
decisive _____ pessimist _____ optimist _____ boring _____ interesting _____
determined _____ confused _____ hard worker _____ lazy _____

13. Do you like to work in a team structure or do prefer to work alone?

14. Are you open to receive suggestions? Yes _____ No _____
(cont.)

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SEND YOUR APPLICATION TO:

Taller Puertorriqueño, Inc.
Attn. Mr. Carlos Pascual, Teacher
2557-59 N. 5th St. Philadelphia , PA 19133
(215) 423-6320
Fax (215) 423-6248

NOTE

If you don't receive a response two weeks after you deliver the application, please contact Carlos Pascual or Sandra Andino at (215) 423-6320.

Thank you,
Sandra Andino
Education Director

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