



APPRENTICESHIPS FOR LEADERS IN MOSAIC ARTS

## ALMA Summer Institute (ASI) Summer 2021- Apprentice Application

ALMA Summer Institute | PO Box #12885 | Albuquerque, NM 87195  
(505) 353-0685 | [almatilearts@gmail.com](mailto:almatilearts@gmail.com) | [www.almatile.org](http://www.almatile.org)

Today's date \_\_\_\_\_

### APPLICATION MUST BE SUBMITTED BY FRIDAY MAY 7<sup>TH</sup>

- YOU MUST BE BETWEEN 16 - 24 YEARS OF AGE ON JUNE 1, 2021 TO APPLY TO THIS PROGRAM.
- YOU MUST ALSO BE FROM ISLETA PUEBLO, MOUNTAINVIEW COMMUNITY, OR THE SOUTH VALLEY.

Please check which community you are from:

- ISLETA PUEBLO       MOUNTAINVIEW COMMUNITY       THE SOUTH VALLEY

### PERSONAL INFORMATION

Legal Name \_\_\_\_\_  
First Middle Initial Last

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Have you applied to the ASI program before?  YES  NO If yes, what year(s)? \_\_\_\_\_

Have you been a New Mexico Resident for at least 6 months?  YES  NO

Date of Birth \_\_\_\_\_

Age you will be on June 1, 2021 (you must be at least 16) \_\_\_\_\_

How do you identify your gender? (Select all that apply)

- Woman  Man  Transgender/Nonbinary/Gender Non-Conforming  I prefer not to disclose  
 Other gender (please specify) \_\_\_\_\_

What are your personal pronouns?  she/her  he/him  they/them  I prefer not to disclose

Other (pronouns not listed above or your name only) \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO

If no, are you legally eligible to work in the U.S.? (Workers permit)  YES  NO

Ethnicity (optional) \_\_\_\_\_



## WORK/VOLUNTEER/INTERNSHIP EXPERIENCE

If hired, would this be your first job?  YES  NO

Current Employer (You may put N/A if you are not currently employed – You do not need to be currently employed to apply for this apprenticeship) \_\_\_\_\_

Reason for leaving (You may put N/A if still employed) \_\_\_\_\_

Have you ever been dismissed or asked to resign from a job?  YES  NO

If you selected "Yes", please provide details on a separate sheet of paper, and return with this application. (You may put N/A if this will be your first work experience.)

Employer 1 and Address \_\_\_\_\_

Supervisor Name and Phone \_\_\_\_\_

Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Employer 2 and Address \_\_\_\_\_

Supervisor Name and Phone \_\_\_\_\_

Employment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

You may attach an additional sheet to list any additional previous/current work, volunteer, or internship experience.

## REFERENCES

Please list at least three references who can attest to your character and work ethic. At least one should be an art teacher.

Teacher Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Reference Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Reference Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

## INTERVIEWS & ADDITIONAL INFORMATION

- Candidates must be available for an interview on **Saturday, May 15<sup>th</sup>**, and if selected, orientation on **Saturday May 22<sup>nd</sup>**.
- To ensure that your application is fully considered, this completed form must be emailed or postmarked by Friday, May 7th.
- If you are selected for an interview, you will need to bring a minimum of five samples of your artwork to the interview.
- If you are under the age of 18, you must have your parent or guardian sign this application form.
- You may contact Vanessa Alvarado at (505) 353-0685 or [almatilearts@gmail.com](mailto:almatilearts@gmail.com) for any questions or more information.

## AFFIRMATION & AUTHORIZATION

- ✓ I hereby affirm that all information given by me in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for denial of employment or discharge.
- ✓ I authorize my current and all former employers and my references to furnish ALMA with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and ALMA from all liability and responsibility arising from any information provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian if under 18

\_\_\_\_\_  
Date

**THANK YOU!**

**Please email application with images to**  
**almatilearts@gmail.com**

**Subject line labeled *ASI Application 2021, first and last name***  
**(e.g. ASI Application 2021, John Smith)**

**or...**

**Mail application with printed images to**

**ALMA Summer Institute**  
**PO Box #12885**  
**Albuquerque NM 87195**