The Teen Artist Residency Program at
The Ellen Noël Art Museum

This intensive one-week summer art program is geared to offer a unique art experience in a museum setting working with paper mache artist Manuel Urueta (June 6-10, 2022). This program will provide opportunities for students ages 13-17 to create unique, artist-led work. Selected students will spend the week with Mr. Urueta creating paper mache masks and creatures. Accepted students will work in a fun and interactive environment while exploring new techniques and developing their own artistic creativity.

Applicants will be chosen by the museum education staff, based on completed applications, teacher recommendations and personal interviews, when needed. All program decisions are confidential and final. Applications received after the deadline of May 23 may not be considered.

**Teen Artist Residency Program Dates/Deadlines**

- **May 23, 2022:** Application Due (or postmarked)
- **May 25, 2022:** Notification of Acceptance
- **June 2, 2022:** Payment of $100.00 due and acceptance agreement signed and returned
- **June 5, 2022:** 3:30 Private Welcoming Reception for Manuel Urueta, Students & Parents
- **June 6-10, 2022:** 1:30-4:00 Teen Artists Residency Program
- **June 10, 2022:** 5:30 Pop Up Art Installation & Opening Reception for TARP Students and Public

Students must apply and be accepted to this program. Early applications are encouraged and all applications should be received by May 23, 2022 or until the program is full. Applications are available on our web site @ www.noelartmuseum.org

**Questions?** Contact Annie Stanley 550-9696 ext. 213 or annie@noelartmuseum.org

4909 E University Blvd. Odessa, TX 79762
Summer 2022 Teen Artist Residency Program Application
June 6-10, 2022  PLEASE print carefully

Application Deadline: May 23, 2022
Application Checklist:
□ Application complete
□ Teacher recommendation

I would like to apply for Manuel Urueta Teen Artist Residency Program 1:30-4:00

Student Name __________________________________________________________
Address ________________________________________________________________
City ___________________________ State _________ Zip ______________________
Home Phone ______________________ Student Cell Phone __________________
Student Email Address __________________________________________________
Birthdate ____________________ Age _____ Male _____ Female _____
School __________________________ Current Year in School ______

How did you hear about our Residency Program? (Please circle one)
Web Mailing Friend Teacher Facebook Email Other
Name of Parent or Guardian _____________________________________________
Parent/Guardian Daytime Phone ____________________________
Parent/Guardian Evening Phone ____________________________
Parent/Guardian Work/Mobile Phone ____________________________
Name of Art Teacher (if applicable) _____________________________
What are your areas of interest in art?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What are your personal goals for participating in this program?
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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
**Teacher Recommendation** (does not have to be an art teacher)

Teacher name: ______________________________________________________

Teacher School: ____________________________________________

Teacher phone number: ______________________________________

Attach a brief statement from a teacher recommending you for this summer art program. This may be sent by email to Annie@noelartmuseum.org

**Certification (For all Applicants and Parents or Guardians)**

I certify that, to the best of my knowledge, all of the information contained in this document is true and current. I agree, if accepted, to abide by the rules and regulations of the Ellen Noël Art Museum. I understand that any deviation may result in immediate dismissal from the program and all fees forfeited. If I withdraw for any reason, no fees will be refunded. I understand that the acceptance agreement must be signed and the program fee of $100* must be paid in full by **June 2, 2022**.

Failure to pay full participation fee will result in loss of acceptance to this program.

Student’s Signature _______________________________ Date ______

Parent or Guardian’s Signature ___________________________ Date ______

* student program fees go to support the cost of materials, travel, honorarium, and expenses of visiting artists.

Applications received after the **deadline of May 23** may not be considered.

**All application materials must be sent to:**

Teen Artist Residency Program @
The Ellen Noël Art Museum
4909 East University
Odessa, Texas 79762
Attn: Annie Stanley

Or Digitally
Education@noelartmuseum.org

**For more information, contact:** Annie Stanley, Educator 432- 550-9696 ext 213 or education@noelartmuseum.org

Additional applications available at www.noelartmuseum.org