



CERTIFICATION PROGRAM

APPLICATION INSTRUCTIONS

Welcome and thank you for your interest in The Chicago Mosaic School Certification Program. Below are the instructions for completing the application.

1. Fill in all sections on the attached pages.
2. Save a copy of the completed application to your computer using the filename format:
Firstname_Lastname_CPApplication.pdf
(e.g., Mary_Jones_CPApplication.pdf)
3. Send a single email to: ChicagoMosaicSchool@gmail.com submitting all of the following attachments in the email:
 - a) Your completed application PDF
 - b) (Optional: Any extra documentation regarding your education or CV you feel is pertinent to your application--be sure your name appears in all filename titles)
 - c) The 3 required images of your work.
Filenames should be formatted:
Firstname_Lastname_TitleOfArtwork.jpg
(e.g., Mary_Jones_Haystacks2.jpg)
4. Submit your application fee by following the link on the Certification Program page on The Chicago Mosaic School website.
5. You will be notified within 10 business days of your status. If, within one week, you do not receive an email confirming receipt of your application and payment, please contact ChicagoMosaicSchool@gmail.com to troubleshoot.

CERTIFICATION PROGRAM APPLICATION



Student Contact Information

Name	
Street Address	
City, ST Zip code	
Home / Cell Phone	
E-Mail Address	
Website?	
Skype Name	

Education

School _____ Dates Attended _____

Year Graduated _____ Degree Earned _____

School _____ Dates Attended _____

Year Graduated _____ Degree Earned _____

Independent Study (Art Schools, Workshops, Courses attended)

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

Independent Study (Art Schools, Workshops, Courses attended) (continued)

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

School _____ Instructor _____ Date _____

Class/Workshop _____

Experience: (Summarize your relationship with Mosaics - travel, arts memberships, exhibitions, etc.)

Why is the Certification Program valuable to you? What are your top 3 goals?

Please describe your workshop / studio space:

References

Name	
Contact Information	
Name	
Contact Information	

Image Submissions

Please attach 3 images of your work that represents you well.
(File names should be formatted: artist's last name_ title of work (without spaces) and be in .jpg format, e.g., Smith_EmotionII.jpg) Dimensions are always listed as HxW (xD when applicable).

Title 1 _____ Dimensions _____
 Materials _____ Date of Completion _____
 Title 2 _____ Dimensions _____
 Materials _____ Date of Completion _____
 Title 3 _____ Dimensions _____
 Materials _____ Date of Completion _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form. You will be notified within 10 business days of your status. All applicants will be reviewed by CMS faculty committee to determine credits, if any, to be applied towards the Certification Program.