



Producers of the Wickford Art Festival

## Guidelines

*Please read carefully*

- **One** high school senior *per school* may apply through their art educator.
- 4 original works can be 2D and/or 3D, in any media, and must be framed or matted.
- Student must be a senior with an interest in art at a public Rhode Island high school.
- Student must have already been accepted to or be planning to attend a college within the next year.
- Award Recipients *must commit* their work to the WAA gallery from **Sunday, May 4, 2025** through **Sunday, May 18, 2025** at the Wickford Art Association (see attached contract), *NO EXCEPTIONS.*
- Please be mindful of presentation; work should be framed/mounted/or presented nicely. Failure to do so might result in lack of consideration for an award.

### Drop-Off

- All work must be dropped off at the Wickford Art Association:  
36 Beach Street, North Kingstown, RI. 02852.
- Work must be dropped off on one of the following dates:  
**Sunday, May 4, 12 -4 pm or Monday May 5, 12-6pm.**
- If the art educator is not a RIAEA Member, a \$25.00 fee will be charged. Please make checks payable to the RIAEA.
- Please download or fill-out, and bring the completed attached sheets with you at drop-off.

### Pick-Up for Non-Award Recipients

- After the jurying is completed, Non-recipients' teachers will be called on Tuesday May 6th. Pick-up dates for non-recipients are **Wednesday, May 7th (12am-4pm) and Thursday, May 8 (12pm-4pm)** at the Wickford Art Association. If you cannot make either of these times, please call the Gallery Coordinator beforehand at (401) 294-6840.
- The art educator must pick-up student artwork in person, unless discussed prior with the gallery coordinator.

### Award Recipients

- Closing Reception for the award recipients is Sunday, **May 18, 2025, at 2:00 pm with awards presented at 3:00 pm** at the Wickford Art Association. Photographs will be taken at that time.
- The Art exhibit will run from **Friday, May 9th – Sunday, May 18, 2025.**
- Pick-up for Award Recipients' work will **immediately following the closing reception which ends at 4pm on May 18th.** at the Wickford Art Association, please plan accordingly.

- All Award Recipients will receive a one-year membership to the WAA, as well as reserved space to display and sell their work during the Wickford Art Festival (July 12 & July 13, 2025).
- It is *highly encouraged* that winning students consider writing a note of thanks to the WAA, as these letters are important when considering the continued funding of such events, as well as potential grant opportunities for that association.
- Award Recipients will be asked to include a brief artists' statement prior to the awards ceremony. This statement will be displayed with the students' work.

Please initial here: I have read and understood all the points listed above \_\_\_\_\_

**Release /Authorization for Wickford Art Association Scholarship Program**

***Please read the following contract carefully. To be signed and returned along with other applicable forms to the WAA Gallery upon submission of work.***

In consideration for participation in the Wickford Art Association Scholarship Program/exhibits or otherwise, I agree to indemnify, defend and hold harmless the Rhode Island Art Education Association, Wickford Art Association, program organizers, affiliates and sponsors for any and all claims, damage, omissions, costs and expenses while I am participating in the above activities.

As a participant in the WAA Scholarship Program, I authorize WAA/RIAEA/any affiliates, assignees or licensees to use photographs of me/my art, video images and/or contest submissions for reproduction for promotional or illustrative purposes, and/or for display on our websites. I understand that the above activities will not result in any profit, and that I will not receive any monetary compensation. Permission is granted to make alterations to my artwork, and to use my name in editorial works or advertising.

The award recipient (student) agrees to loan the WAA the winning pieces of artwork for the ENTIRE TERM of the exhibit.

If the student is unable to attend the awards ceremony in person, a representative shall be sent to accept the award by the student.

***Any neglect to observe the terms of this contract may result in immediate withdrawal of the scholarship and all funds with which it is associated.***

\_\_\_\_\_  
Student Signature (Guardian if Student is under 18)

\_\_\_\_\_  
Date

The undersigned acknowledges that the competition addressed by this release is completely VOLUNTARY.

Winning students should expect contact by the gallery at some point in the year following their award. This is a means of documenting how the student has allocated the scholarship funds, in an effort to empower the WAA to apply for grants, contact potential donors, and otherwise use the information to pursue further funds to continue the scholarship.

# Application Form Please fill out ***all*** areas *clearly and legibly*

Student Name			
Student Age (must be a senior):			
Home Address:			
Home Phone Number:			
Email Address:			
College which student plans to attend:			
Student High School:			
High School Address:			
High School Phone Number:			
Title of Work #1:	Media:		
Title of Work #2:	Media:		
Title of Work #3:	Media:		
Title of Work #4:	Media:		
Art Educator Name:			
Art Educator RIAEA/NAEA Membership Number (found on card):			
<i>If not a member, please include \$25.00 for application fee</i>			
Art Educator Phone Number:		Art Educator Email Address:	
Signature of acceptance for participation of student: (guardian if under 18)			

**If you are selected as a scholarship recipient, the WAA would like to contact your principal and superintendent.**

**Please include the following information:**

Principal Name:

Principal Email Address:

Superintendent Name:

Superintendent Email Address:

Fill out all info clearly and legibly and attach to back of each piece of work

<b>Student Name:</b>				
Student School:				
School Address:				
School Phone Number:				
Title of Work:			Media:	

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School Address:				
School Phone Number:				
Title of Work:			Media:	

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