

## Spoops Art Mentorship Art Evaluation Submission Form

Evaluation fee payment confirmation number:			
Name:			
Age:	Gender:	Grade:	
Address:			
City:	State:	Zip code:	
Phone number:	Cell phone:		
Email address:			
Website:	Instant Message alias:		
Guardian/Parent name (if under age 18):			
Guardian/Parent address:			
City:	State:	Zip code:	
Preferred art medium: (drawing, painting, etc.):			
Art School:			
Art Experience:			
Published in:			
Exhibited at (place and date):			

The visual art sample, artist's statement, and submission form must be submitted via email as attachments to: [mentorship@spoopsart.com](mailto:mentorship@spoopsart.com)

In consideration for the opportunity for the student named below to participate in Spoops Art Mentorship program, I represent and agree to the following: I represent the art work submission information is complete and accurate and that, to my best of knowledge, the submitted artwork is wholly the work of the student name above. I agree that Aspect Art Studios may use or publish the artwork of the student for any purpose in any media (printed or electronic) without compensation. I agree that the artwork may be used by Aspect Art Studios for up to five years.

**[Note: private contact information will never be sold, displayed or published for the safety of our fans, students and visitors]**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Guardian/Parent if candidate is under 18 years of age.**

\_\_\_\_\_

**Date**

If you have questions about your submission, please contact our office at: [mentorship@spoopsart.com](mailto:mentorship@spoopsart.com)