

Diversity Arts Program Nomination Form:

Dear Friend: You have been identified as a community member who interacts with youth in valuable and meaningful ways. We are writing to invite you to nominate a youth (ages 14-18, or within the high school population) for the Diversity Awareness Partnership's Diversity Arts Summer Retreat Program. This program is an innovative, creative program that brings professional artists, scholars, and youth together in creative dialogue to deepen the awareness of the diversity that exists in the St. Louis community; and to foster education and understanding that helps to break the cycle of polarization that exists in our racial/ethnic, religious and various sexual orientation communities.

In each session, youth will:

- express and share their identity through one or more of the following artistic media: theater, visual art, media art, media art, creative writing, spoken word, and movement,
- explore how various forms of intolerance, including racism, sexism, able-ism and religious intolerance negatively impact a community, and
- build familiarity and community with a diverse group of peers representative of the wide range of socioeconomic and cultural backgrounds that exist in the St. Louis metropolitan area.

Space is limited to a maximum of 25 youth participants in this program. Please nominate a youth using the attached form. We are looking for a culturally diverse group of participants from the high school age range/population who are (any of the below):

- interested in investigating issues of personal, racial, and ethnic identity and diversity issues of relevance to their generation, and building their leadership skills
- interested or involved in creative writing, visual or performing arts
- interested in working with peers, professional artists and scholars of various identities, cultures and orientations.

SPONSOR RECOMMENDATION

Sponsor Name: _____

Organization: _____ Position: _____

Address: _____

_____ StreetTownStateZip Code

Telephone Number: _____ Cell _____

Email Address: _____

Name of youth you are recommending: _____

Youth and/or Family Contact Information:

Parent/Guardian Name: _____

Phone: _____ Email: _____

Please briefly answer the following:

- (1) What special strengths and skills would this person bring to our program?
- (2) How do you feel this youth will benefit from DAP's program?
- (3) Indicate whether this student will require financial support to participate in this program