Introduction to Scientific Glass Blowing Program prepares young women and men for entry-level jobs in the dynamic research and laboratory glassware industry. This is a 4 week program meeting every week day from 9:00 am - 5:00 pm. You'll learn how to make glass products in our downtown Newark studio; computer-aided design; workplace readiness; and craft entrepreneurship.

The employment opportunities for scientific glassblowers are good. Though jobs are not guaranteed, the US Department of Labor projects growth of 8 - 14 percent over the next decade. Scientific Glassblowers can earn from $9 - $15 per hour as an entry level worker.

GlassRoots offers this program to recent high school graduates or individuals with a GED. The target age range is 18 - 24 but we will consider older students as well. Program graduates will complete the following:

1) **Introduction to Computer Aided Design, Drafting and Blueprint Reading; Geometric Concepts for Glass Blowers.**

2) **Hands-On Scientific Glassblowing Training.** Studio training with instructors from the American Scientific Glassblowing Society. Students will learn how to make borosilicate glassware and artistic glassblowing.

3) **Workplace Readiness Training.** Soft skills training covering: professionalism and responsibility; interviewing; entrepreneurial thinking; communication in the workplace; self esteem; financial literacy; managing family issues; time management and more.

4) **On Site Visits:** Apprentices have an opportunity to visit local scientific glassware company. Transportation costs are covered by the program.

**Attendance and Performance Commitment.** Students are expected to arrive on time and attend all classes and field visits. Three unexcused late arrivals/absences, unacceptable or unprofessional behavior are grounds for removal from the program. Tuition paid will not be refunded if students are dismissed for either excessive absences or behavioral issues.

**Financial aid is available to all qualified participants.** No student will be turned away due to inability to pay for the course. All participants or families are expected to make some financial contribution toward the cost of running the program.
Introduction to Scientific Glass Blowing
2019 Information and Application
10 Bleecker Street, Newark, NJ 07102 :: 973 - 353 - 9555 :: www.glassroots.org

Monday, May 20 through Friday, June 14, 2019

Date: ______________________
First Name: ___________________ Last Name: ___________________

Gender:    M __ F ___ Choose not to answer _____ Gender non-binary ___
Date of birth (MM/DD/YY) ___/___/_____    Current age: ______    HS Diploma______ GED ______
Address: ___________________________ City: __________ State: _____ Zip: __________
Home Phone: ________________________ Cell: _________________________
Email: __________________________________________

High School: ___________________________ Town where school is located: _____________
GPA ___________ Graduation Date: ________________________________
Classes in Science, Math, Art or Technology: ________________________________
______________________________

Glass Art Experience: ________________________________
Work Experience: ___________________________________________ Skills: __
__________________________________________________________________________
__________________________________________________________________________
Favorite subject/class and why?______________________________
__________________________________________________________________________
Extracurricular Activities: __________________________________________________________________
__________________________________________________________________________
List your hobbies and interests: __________________________________________________________________
__________________________________________________________________________
Please share your future goals and aspirations.
__________________________________________________________________________
__________________________________________________________________________
Do you have a valid Driver’s License?    yes_____ no _____
If you have a valid Driver’s License, do you have access to a car?    yes_____ no _____
Please list two references that are not related to you:
Name ____________________________  Name ____________________________
Phone ____________________________  Phone ____________________________
Email ____________________________  Email ____________________________
How do you know this person?__________  How do you know this person?__________

**Will you be applying for financial assistance to participate in this program**    □ YES  □ NO
See page 4.

**Emergency Contact Information:**
Contact Name:__________________________  Relationship:________________________
Cell Phone:_____________________________  Email:______________________________

*Please note: students may be required to complete a background check and to take a drug test.*
Commitment Contract and Responsibilities

**GlassRoots Participant Agreement:**
I acknowledge that I will be working in an environment that is inherently dangerous. I further acknowledge that I will be engaging in activities that involve risks of personal injury and, therefore, require my full attention at all times. As such, I agree to follow all rules set out by the staff of GlassRoots and to exercise due care and caution for both myself and others at all times. I assume full responsibility for my safety in connection with these activities, and release GlassRoots and its officers, Board of Trustee, employees and agents from liability for injury related to these activities. I also acknowledge that GlassRoots is not responsible for the protection, care or insurance coverage for tools, work in progress or works of art in the event of damage or destruction, or for anything I bring to class or leaves behind after departure.

I authorize GlassRoots to use photographs or other images of me and my work for any purposes it finds appropriate, such as for publication, advertisement or exhibition, without charge or further permission.

I hereby specifically authorize my school to release information regarding my academic performance for the academic semesters preceding my participation in any program at GlassRoots. I understand that this information will not be released to any outside party except when aggregated with that of other program participants.

I have carefully read this agreement and I understand and accept all terms and policies stated herein.

Applicant Signature: ____________________________________________________ Date: __________________

*Do you have any allergies, medical problems or other special considerations?* □ YES □ NO

___________________________________________________________________________________

I, ____________________________________________, in order to participate in the Introduction to Scientific Glass Blowing Program will follow all rules set forth by GlassRoots and take this responsibility seriously. I understand that I may be terminated from the program if these rules are not followed.

*For a number of grant and funding opportunities, GlassRoots must provide information about our students. This information will be held in confidence and will in no way effect your participation in our programs.*

Household Income:
□ $10 - $24,999 □ $25,000 - $49,999 □ $50,000 - $74,999 □ over $75,000

Number of people (over 18) in household _____ Number of children under 18 ______

Do you or your family receive section 8 support? □ YES □ NO