Program Overview

This six-day intensive program is hosted at The Studio of The Corning Museum of Glass, located in Corning, New York. There will be two classes running simultaneously: Expanding Horizons: Glassblowing with instructor Corey Pemberton and Expanding Horizons: Kiln Forming with instructor SaraBeth Post. Through glassmaking lessons, lectures, tours, and discussion, the educational goals of this program are threefold:

- To further student’s technical knowledge of glassmaking and introduce ways to work with glass for both product design and artistic expression
- To provide students with educational opportunities around the art, history, and science of glassmaking and the potential of glass as a medium
- To introduce professional practice concepts as it applies to a career in the glass field. This includes strategies to pursue work opportunities, scholarships, and continuing education.

For selected students and mentors, all tuition, travel, housing, and meals for the week will be provided.

Application Process

Together with their mentor, applicants to this program must submit all required materials by April 30, 2023. Materials should be submitted via email to expandinghorizons@cmog.org. Applications will be reviewed and juried by representatives of The Studio of The Corning Museum of Glass, and selections will be communicated by May 12, 2023. Travel and hotel arrangements will be made soon after notification.

Any questions regarding the application process or program may be directed to Lyman Babbitt at BabbittLC@cmog.org or (607)-438-5630.

Application Materials Check List

☐ Completed Application Form (signed by student and parent/guardian)

☐ Completed Student Section

☐ Completed Mentor Section (written by mentor who will travel with student)

☐ Completed Photo/Video Release Form

☐ Photographs of Student Glasswork (at least 3 images of glasswork made by the applicant)
EXPANDING HORIZONS 2023 APPLICATION

July 9–16, 2023

Which class are you applying for? □ Kiln Forming  or  □ Glassblowing

If your application is not selected for your selected class, would you like to be considered for the other class?    □ Yes    □ No

The following application form must be completed and signed by a parent if the applicant is under 18 years of age.

I (please print)________________________________________ hereby give permission for my child to participate as a student in the Expanding Horizons program at The Corning Museum of Glass.

(Please sign) _____________________________________

Date___________________

Parent/Guardian Name ____________________________________________

Address _______________________________________________________

Parent Phone ________________________

Parent Email ____________________________________________

We will copy you on emails we send to your child(ren).

Alternate phone or email you wish to share ____________________________________________

Students Name ____________________________

Age _____________________

Student Email ____________________________

Student Phone ________________________

Street Address ____________________________________________

City, State, Zip ____________________________________________

Parent/Guardian ____________________________________________

Tuition, travel, accommodations, and meals will be provided for selected students and mentors. Applications are due by 11:59 PM, April 30, 2023 and applicants will be notified of a decision by May 12, 2023.

Please return the completed application and three images of the student’s artwork to your mentor/instructor, then submit to:

Lyman Babbitt
Community Programs Team Leader
The Studio of The Corning Museum of Glass
expandinghorizons@cmog.org
STUDENT SECTION

Use the back or additional paper if necessary. Incomplete applications will not be considered.

What do you like about making art or working with glass?

What impact has learning artmaking or glassmaking had on you or your life?

Describe a challenge you have faced when making art or working with glass, and how you overcame it.

How would this program assist you in pursuing your goals?
MENTOR/INSTRUCTOR SECTION

Use the back or additional paper if necessary. Incomplete applications will not be considered.

Mentor Name:________________________________________________________

Phone:_________________________ Email:______________________________

Studio/Program where you teach/mentor:_____________________________

Why do you feel the student you are nominating would be a good fit for this program?

Describe your student’s artmaking or glassmaking journey. Please share their glassmaking experience, accomplishments, and challenges.

How would your student benefit from the program? Please speak to the student’s financial need or other barriers to access in the field of glassmaking.

Any other thoughts, comments, or considerations?
PHOTO/VIDEO RELEASE FORM

Date range of class: Expanding Horizons, 7/9/2023 – 7/16/2023

Date of photo/video shoot (to be entered by Museum staff): ________________________________

I hereby consent to and authorize the use and reproduction by The Corning Museum of Glass or anyone authorized by The Corning Museum of Glass (the “Museum”) of any and all photographs and video footage that has been taken of me, and my image or likeness, for any purpose. Additionally, I agree that The Museum shall be the exclusive owner of the results and proceeds thereof with the right, forever and throughout the world, to use and edit my image and likeness, in any and all media in connection with the advertising, exploitation, sale, publicity, and promotion of such products and/or services.

I warrant and represent that I have read the foregoing fully and understand the meaning and effect thereof. I further warrant that I am over eighteen (18) years of age.

Signature __________________________________________________________________________

Print Name __________________________________________________________________________

Date __________________________________________

In the case of a minor (under 18 years of age), I grant aforementioned rights and privileges on behalf of my son/daughter/ward (print student’s name) ____________________________________________.

Witnessed by (adult’s signature) _______________________________________________________

Title (relationship to student) _________________________________________________________

Date____________________________________________
PHOTO/VIDEO RELEASE FORM (CONTINUED)

We will fill in the information below on the day of the photo/video shoot.

Please indicate some ways we can identify you in the photograph...

I am wearing:

My hair color is:

☐ I am wearing eye glasses.