

PROJECT JERICHO REFERRAL FORM

Date: _____ Court ID# _____

What programs would be a good fit? (visual art, music, dance, etc.) _____

Are you referring for a specific program? If so, which?

Special Interests? _____

Youth Name _____

Age: _____ Phone (____) _____ Alt. Phone(____) _____

Address: _____

School: _____

Parent/Guardian Name: _____

Probation Officer: _____

Social Worker: _____

Is there anything we should know about this referral?

Reason for referral: _____

Was Project Jericho mandated? Yes No

Referred by _____

Phone _____ email _____

Organization address _____

FOR YOUTH WHO
NEED A POSITIVE
IN-DEPTH ARTS
EXPERIENCE AND SHOW
AN INTEREST IN
THE ARTS.

Return form via email, fax or post to:

Thank you for your referral. By submitting this form the youth will be contacted and entered into the Project Jericho database and receive mail announcements of all projects for 1 year.



Nicole Clem
Community Outreach and Education Specialist
(937) 328-3869 clemn@clarkstate.edu
Fax. 937-328-3879
Clark State Performing Arts Center
300 S. Fountain Ave.
P.O. Box 570
Springfield, OH 45501