

OPEN STUDIO

INTRODUCTION TO ARCHITECTURE AND DESIGN THINKING



SUMMER DESIGN PROGRAM 2026 APPLICATION

Program Dates: July 31- August 7, 2026, 2:00 PM – 5:00 PM

Interested in learning about architecture and design?

Join the Miller Hull Partnership for the 2026 Open Studio: Introduction to Architecture and Design Thinking for 9th - 12th grade students. Learn about the architectural profession, connect with people in design, and discover how architecture shapes and engages our world.

Please email your application to: openstudio@millerhull.com

Or you can mail it to:

Open Studio
The Miller Hull Partnership
71 Columbia St – 6th Floor
Seattle, WA 98104

DUE DATE IS JUNE 1ST, 2026

If you have any questions or need further information, please email openstudio@millerhull.com.

Thank you for your interest and we look forward to seeing you this summer!

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PART 1: STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Student Cell # _____ Parent Cell # _____ Other Phone # _____

Student Email: _____ Parent Email: _____

Emergency Contact _____ Cell # _____

School Name and City (2024-25 School Year): _____

Grade (2024-25 School Year): ☐ 9 ☐ 10 ☐ 11 ☐ 12

How did you hear about Open Studio? _____

How many years have you attended the Open Studio program? ☐ 0 ☐ 1 ☐ 2 ☐ 3

PART 2: STUDENT DEMOGRAPHICS

Yearly Household Income: ☐ < \$20,000 ☐ \$20,000-\$40,000 ☐ \$40,000-\$60,000 ☐ > \$60,000

Including yourself, how many people live in your household? ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8+

Do you qualify for free or reduced lunch? ☐ Yes ☐ No

How many adults in your household are employed? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Who do you live with? ☐ Mother ☐ Father ☐ Both ☐ Grandparent ☐ Guardian ☐ Other: _____

What is your ethnic background? (choose all that apply)

- | | | |
|---|---|--|
| ☐ African American | ☐ Native American | ☐ Multicultural _____ |
| ☐ Asian | ☐ Caucasian | ☐ Other _____ |
| ☐ Chicano / Latino | ☐ Pacific Islander | |

Is English your primary language? ☐ Yes ☐ No

How many languages do you speak? ☐ 1 ☐ 2 ☐ 3 ☐ 4+

What languages do you primarily speak at home? _____

Educational background: I will be....

- | | |
|--|--|
| The first in my family to graduate high school | ☐ Yes ☐ No |
| The first in my family to go to college | ☐ Yes ☐ No |

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PART 3: STUDENT INTERESTS

What activities have you participated in outside of your required school curriculum? Include any STEM (Science, Technology, Engineering, Math), Visual or Performing Art, or Athletic activities you are involved in.

Are you involved in the Making Connections program? ☐ Yes ☐ No

Are you involved in the ACE (Architecture, Construction, Engineering) Mentorship program? ☐ Yes ☐ No

How likely is it that math or science will be a part of your career? ☐ Not Likely ☐ Some ☐ A Lot

How likely is it that technology will be a part of your career? ☐ Not Likely ☐ Some ☐ A Lot

How likely is it that art or design will be a part of your career? ☐ Not Likely ☐ Some ☐ A Lot

How much do you know about the field of architecture? ☐ Not Much ☐ Some ☐ A Lot

At this point what are your career interests? (check all that apply)

- | | | | |
|-------------------------------------|--|-----------------------------------|---|
| ☐ Science | ☐ Art or Design | ☐ Medicine | ☐ Liberal Arts |
| ☐ Technology | ☐ Architecture | ☐ Business | ☐ Social Science |
| ☐ Math | ☐ Engineering | ☐ Law | ☐ Other _____ |

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PART 4: SHORT ESSAYS

Answer the following questions: (if additional space is needed these can be submitted on a separate sheet)

1. **Why are you interested in the Open Studio program?**

2. **What do you want to get out of the Open Studio program? How can this program help you prepare for your future?**

3. **What are some of your biggest challenges or fears when thinking about a career in an architecture or design field?**

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PART 5: PARENT/GUARDIAN & STUDENT CONTACT AND MEDICAL FOR PARTICIPATION

Please provide the following information for both the student and parent/guardian.

Student Name: _____

Please indicate Gender:

Date of Birth: ____/____/____ (Month/Day/Year)

☐ Female

☐ Male

☐ Trans

☐ Other:

Medical Restrictions: ☐ Yes ☐ No

If yes, explain: _____

Current Medications: ☐ Yes ☐ No

If yes, please list: _____

Dietary Restrictions: ☐ Yes ☐ No

If yes, please explain: _____

Physician's Name: _____

Phone: (____) _____

Insurance Company: _____ Policy Number: _____

PART 6: PHOTO RELEASE FORM FOR MINORS (IF UNDER 18)

Open Studio has my permission to use my or my child's photograph (still and video) publicly to promote Open Studio. I understand that my child's print and/or video images may be used by the media and by Open Studio in publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. ☐ Yes ☐ No

PART 7: PARTICIPANT EXPECTATIONS

Please read through the following list of Participant Expectations and sign below:

1. Student will be asked to participate in Open Studio Activities.
2. Regular attendance is encouraged. Open Studio leaders or volunteers should be notified of absences from activities in advance, with the exception of emergencies.
3. Some activities may require that students and Open Studio volunteers travel to locations within the downtown Seattle area to observe architecture projects. Supplemental transportation will not be provided. If required by distance, public transportation will be utilized. In that instance, student will be required to provide appropriate fare for transport. We will alert parents and students in advance of using public transportation. We are not sure if a site visit will happen due to restrictions based on COVID-19, but we are trying to plan for that eventuality, which is why the release on Page 5 is still required.
4. COVID-19: Open Studio is an in-person program. We will work with the selected students to determine safe activities which can be performed in adherence of the then current Washington State Department of Health protocols/guidelines for Covid-19. We encourage all applicants to have obtained full vaccination.
5. Participants are expected to be respectful of Open Studio staff, property, and other attendees.

Parent and Student agree to meet these expectations: ☐ Yes ☐ No

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PART 8: PARENT/GUARDIAN STATEMENT OF CONSENT

My child, _____, has my permission to participate in the Open Studio Program events and activities.

I have spoken with my child about the dangers of the activities and the fact that my child could – for a variety of known, unknown, foreseeable, and unforeseeable reasons, including negligence of Open Studio, its volunteers, employees, representatives, officers and agents – be seriously injured. In consideration of my minor child being permitted to participate in the Open Studio program events and activities and understanding the potential risks involved, I release Open Studio and its respective directors, officers, agents, volunteers, representatives, and employees (collectively, “Releasees”) from liability for any loss, damage, injury or illness resulting from my child’s participation in this program and accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following any loss, damage, injury or illness resulting from such participation, even if caused in whole or in part by the negligence of the Releasees.

My acceptance of these risks includes agreeing that I, on behalf of my child and myself, promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees resulting from or related to my child’s participation in this program. I also agree to indemnify and save and hold harmless the Releasees and each of them from any and all litigation expenses or costs they may occur due to a claim made against any of the Releasees identified above based on an injury to my child, whether the claim is based on the negligence of the Releasees or otherwise and whether the claim is made by me, or is made on behalf of my child, or is otherwise made.

I certify that my child is in good physical and mental conditions and my child has no special medical or physical conditions which would impede participation in this program. In the case of serious injury or illness, I expressly consent by my signature to the administration of emergency medical care and authorize Open Studio representatives to seek all necessary medical attention for my child, including medical, dental, surgical, emergency or ambulance transportation and the administration of drugs, tests anesthesia and blood transfusion when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of my child to the hospital. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for all medical expenses incurred and that in Open Studio, or its officers, employees, representatives, agents and volunteers shall assume no financial obligation or liability in case of my child’s accident or illness. I understand that I remain fully responsible for any actions taken by my child.

I also note that though my child will be accompanied much of the time by the Open Studio volunteer staff that they cannot monitor my child 100% of the time. If the Open Studio volunteer staff discovery that my child has left his/her group or has done something to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I verify that I have read and understood this document in its entirety and agree to its terms.

Student Signature

Date

Parent/Guardian Signature

Date