

## Artists-in-Schools Residency Program - Application Form -

## 1. APPLICANT INFORMATION

Artist or company name:	
Address:	
City or town:	Postal Code:
Contact person:	Title:
Phone (W):	(H):
Fax:	E-mail:
Website:	
Please list the name and artistic discipline	of each artist who will be involved in this residency:
Name	<u>Discipline</u>
2. PROJECT DETAILS	
Artistic discipline:	
Project name:	
Planned Start Date:	
Planned Completion Date:	(must be by March 31)
School name(s):	
School contact:	Title:
Contact phone #:	District #:
When did the school last participate in an A	Artists-in-Residence project?
Grade levels and number of students partic	cipating in project:

Please provide a detailed description of the project and its methodology. (Use a separate sheet, if needed)
What end-product will be generated by the students?
When this project is complete, what criteria should be used to determine its success?
How does this project connect to the provincial curriculum?

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## 3. BUDGET DETAILS

Please provide a rough breakdown of the expenses that will be incurred to stage this project (fees, equipment, materials, travel, etc.). The total will equal the grant that is being requested (use a separate sheet, if needed).

Expense Descrip	otion	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total (Grant Being Requested)		\$
<ul> <li>□ A profile of the applicant company of the applicant's artisti</li> <li>□ A biographic profile for each artist i</li> <li>□ If available, a CD, video, photos, nework.</li> </ul> I certify that the information presented in an artist in the company of the applicant of th	c achievements; nvolved in the project; wspaper clippings, etc. that illu	
Applicant signatory (please print name)	Signature	Date
I endorse this proposal on behalf of the scho	ool(s) wishing to take part in thi	s project.
School signatory (please print name)	Signature	Date
District signatory (please print name)	Signature	Date

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Revised: February 2006

## ONCE COMPLETE, RETAIN A COPY OF THIS FORM AND ANY ACCOMPANYING DOCUMENTATION FOR YOUR **RECORDS. SUBMIT THE ORIGINAL TO:**

Arts Development Branch Department of Wellness, Culture and Sport PO Box 6000 Fredericton, NB E3B 5H1

Tel: 506-453-2555 Fax: 506-453-2416 \_ mail: Website: E-mail: Artsnb@gnb.ca

www.gnb.ca (Keyword: Arts)

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