



**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:

<u>Name</u>	<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 Artists-in-Residence project? _____

Grade levels and number of students participating in project: _____

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
E-mail: Artsnb@gnb.ca
Website: www.gnb.ca (Keyword: Arts)