

artsnb

Arts Scholarship / Professional Development

Juried Program

A separate application form is required for each grant requested. Refer to the Program Description program to confirm that all the materials required to complete your application are included. **Please type or print clearly in black ink** to facilitate duplication.

INFORMATION ON THE TYPE OF GRANT REQUESTED

Type of grant requested:

 Arts Scholarships:

- Full-time studies (over 6 months to a year)
- Part-time studies
- Short term studies

Deadline: February 1

 Professional Development:

- Full-time studies (over 6 months to a year)
- Part-time studies
- Short term studies

No Deadline: To submit six (6) weeks prior to program/class.

Discipline (check the one most appropriate to your studies):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Craft | <input type="checkbox"/> Classical Music | <input type="checkbox"/> Non-Classical Music | <input type="checkbox"/> Literary Arts |
| <input type="checkbox"/> Visual Arts / photography | <input type="checkbox"/> Dance | <input type="checkbox"/> Theatre | <input type="checkbox"/> Literary Translation |
| <input type="checkbox"/> Media Arts | <input type="checkbox"/> Multidisciplinary Arts | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Other _____ |

Speciality (e.g. composition, piano, sculpture, etc.): _____

INFORMATION ON THE APPLICANT

Mr. Ms. Mrs.

Name: _____ (First name) _____ (Surname)

Permanent address: _____

City: _____

Province: _____ Postal code: _____

Mailing address (only if different) -- *Note: All correspondence will be mailed to the mailing address if this section is filled out, if your application is successful, your cheque will also be sent to this address.*

Mailing address: _____

City: _____ Province _____ Postal code: _____

Telephone (H): _____ Telephone (W): _____

Fax: _____ E-mail: _____

SIN: _____ Web: _____

Citizenship status: Canadian Citizen Permanent resident of NB since _____

Landed immigrant since: _____ Has resided in NB from _____ to _____

PROGRAM OF STUDIES

Program or course of study (please check):

<input type="checkbox"/> Bachelor degree program	<input type="checkbox"/> Master degree program
Major _____	<input type="checkbox"/> Diploma
Minor _____	<input type="checkbox"/> Other (specify) _____

Title and description of course of study: _____	Duration of program/course _____ (e.g.: Bachelor degree, 4 year program)
Name and address of educational institution or private instructor: _____	Full time and Part time only: This fall, what grade or year of study will you be entering? : _____ (e.g.: Bachelor degree: 2nd year of program)

BUDGET

Please indicate anticipated costs for your proposed course/studies.

<i>EXPENSES</i>		Amount Requested: <input type="checkbox"/> Full-time studies (\$2,500 maximum) (6 to 12 months) <input type="checkbox"/> Part-time studies (\$1,000 maximum) <input type="checkbox"/> Short term studies (\$1,000 maximum)
Tuition fee: \$		
Accommodation and living expenses: \$		
Travelling expenses: \$		
Other: \$		
Total: \$		

LETTERS OF RECOMMENDATION

All applicants **must** have a minimum of two (2) letters of recommendation to support their application. Please provide the name, profession, address and telephone numbers of the two (2) members of the arts community who will provide an informed assessment of your achievements and potential. You must provide a copy of the form entitled *Letter of Recommendation* to each of your appraisers and direct them to forward it to **artsnb by the February 1 deadline for an arts scholarship or along with your submission for a professional development grant.**

1 -	_____	_____	_____
	Name	Profession	Telephone
	_____	_____	_____
	Address	City	Postal code
	_____	_____	_____
	Address	City	Postal code
2 -	_____	_____	_____
	Name	Profession	Telephone
	_____	_____	_____
	Address	City	Postal code
	_____	_____	_____
	Address	City	Postal code

SAMPLES OF WORK

All applicants are required to submit samples of their work with accompanying descriptions or synopses. Do not send original works of art; they will not be presented to the jury. Required samples (with a specified maximum) will be presented to all the members of the jury. Any additional samples sent will be supplied only to the specialist juror representing your discipline on the multidisciplinary jury.

Note: Please write the name on each item which you are sending and bear in mind that the technical quality of the material might influence the recommendation of the jury. All samples of work will only be returned once your application has been evaluated and if an appropriately self-addressed and stamped envelope is provided with the application.

REQUIREMENTS

Please refer to the headings, "Requirements" and "Samples of work," in the Program Description to make sure all the information required to complete your application is included. Check the appropriate boxes below.

CHECKLIST:

All applicants must provide:

- Application form
- Résumé (CV) or biography (max. 4 pages).
This document should include:
 - The applicant's educational background.
 - Professional experience, work experience, exhibitions or performances in which the applicant has participated.
 - Any achievements, which pertain to the application.
- Typed letter to the jury outlining the professional career plans of the applicant (maximum one page).
- An official transcript of marks/credits (full-time and part-time studies): most recent available at time of application, certified by the institution.
- Photocopy of program/course description and tuition fee as provided by the institution or private instructor.
- Résumé of the private instructor (if applicable).
- Two letters of recommendation are MANDATORY (sent directly from the appraisers).**
- Sample of work.
- Information on the samples of work (slide list, details on video, CD, etc.).
- Self-addressed stamped envelope (for return of sample of work).

Applicants may submit other relevant documentation to support their application (optional). - 4 pages maximum. The documentation must be photocopied clearly on 8 ½ x 11 paper. **For example:** Copies of awards, Certificates or adjudicators' reports, press clippings, critical notices, recent reviews, critical reviews.

APPLICANT'S AGREEMENT

- I hereby certify that, to my knowledge, the information provided with this application is accurate, and I accept the conditions as described in the Program Description.
- it is my responsibility to ensure that all documents needed to complete my application will be received by **artsnb** or postmarked **no later than the February 1, deadline** for an arts scholarship or **six (6) weeks prior to program/class** for a professional development grant ; applications postmarked after the deadline date will not be accepted; and
- I recognize that **artsnb** will not be held responsible for any loss or damage of samples of work.

Signature of Applicant

Date

SEND TO: NOTIFICATION OF RESULTS

Please return this completed Application Form along with the requested material and samples of work to:

artsnb
634 Queen Street, Suite 300
Fredericton, NB E3B 1C2

Tel.: (506) 444-4444
Toll free within NB: 1-866-460-ARTS (2787)
Fax.: (506) 444-5543

Arts Scholarships: Applicants will be notified of the results, by mail, approximately 3 months after the competition deadline.

Professional Development: Applicants will be notified of the results, by mail, after the jury assessment.

Results will not be released over the telephone.

Ce document est également disponible en français.
artsnb reserves the right to revise its programs at any time without notice.

artsnb

Arts Scholarship / Professional Development

Juried Program

NOTICE TO APPLICANT: Please complete the information indicated below before submitting this form to your appraiser.

INFORMATION ON THE APPLICANT

Mr. Ms. Mrs.

Name: _____
(First name) (Surname)

Permanent address: _____

City: _____

Province: _____ Postal code: _____

Mailing address (only if different) -- *Note: All correspondence will be mailed to the mailing address if this section is filled out, if your application is successful, your cheque will also be sent to this address.*

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City: _____ Province _____ Postal code: _____

Telephone (H): _____ Telephone (W): _____

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No Deadline: To submit six (6) weeks prior to program/class.

Discipline (check the one most appropriate to your studies):

- Craft Classical Music Non-Classical Music Literary Arts
 Visual Arts Dance Theatre Literary Translation
 Media Arts Multidisciplinary Arts Storytelling other _____

Speciality (e.g. composition, piano, sculpture, etc.): _____

PROGRAM OF STUDIES

Program or course of study (please check):

- Bachelor degree program Master degree program
Major _____ Diploma
Minor _____ Other (specify) _____

Title and description of course of study:

Duration of program/course

(e.g.: Bachelor degree, 4 year program)

Name and address of educational institution or private instructor:

Full-time and Part-time only:

This fall, what grade or year of study will you be entering?

: _____
(e.g.: Bachelor degree: 2nd year of program)

INFORMATION ON THE APPRAISER

Name of appraiser: _____
(First name) (Surname)

Address: _____

City: _____

Province: _____

Telephone (H): _____ Telephone (W): _____

I have known the applicant for _____ years _____ months in my capacity as _____

NOTICE TO APPRAISER: **artsnb** would appreciate receiving your assessment of this applicant's artistic achievements as well as his capability to complete the planned course of study. Your comments will be considered by the jury in its evaluation of the application. Confidentiality will be maintained, subject to legislation on access to information. If necessary, you may use an additional page. Please **type** or **print** clearly in black ink.

ASSESSMENT

- ***My assessment of the applicant's artistic achievements and potential:***

- ***My assessment of the applicant's ability to succeed in the planned course of study:***

Signature of appraiser_____
Date**SEND TO:**

artsnb
634 Queen Street, Suite 300
Fredericton, NB E3B 1C2

Tel.: (506) 444-4444
Toll free within NB: 1-866-460-ARTS (2787)
Fax.: (506) 444-5543

NOTE**ARTS SCHOLARSHIPS DEADLINE: FEBRUARY 1**

Letters of recommendation should be postmarked within one week following the deadline.

PROFESSIONAL DEVELOPMENT: NO DEADLINE

Letters of recommendation should be mailed along with the application.

Letters of recommendation arriving late may not be included in the material presented to the jury. If you are sending the letter of recommendation by fax to meet the deadline, please send the signed original version by mail, subsequently.