



2019-2020 Artist Application – Due Thursday, May 2nd, 2019

For ALL artists not included in 2018-2019 Directory

Name of Artist/Organization: _____

Contact Name/Title: _____

SS# or Tax I.D.#: _____

Business Phone: _____ Home or Cell Phone: _____

Mailing Address: _____

City/State/Zip: _____

Make check payable to: _____

E-mail address: _____

WWW address (if applicable): _____

Minimum number of performances and/or workshops: _____

(This refers to the minimum number of performances you would need to have in order to visit Cumberland County)

“About the Artist” - Brief Summary of Background (no more than 150 words):

Artistic Discipline(s): (Check all that apply – this helps schools find artists they are seeking in specific curriculum areas)

The Artists in Schools Directory indicates all of the artistic disciplines an artist covers as well as other academic areas addressed in programs based on the N.C. Department of Public Instruction’s Essential Standards. Check all that apply.

- Dance
- Music
- Drama/Theatre
- Literary
- Visual Arts

Other (specify): _____

Other Academic Discipline(s): (Check all that apply – this helps schools find artists they are seeking in specific curriculum areas)

- Information & Technology
- Science
- World Languages
- Social Studies
- Health Education
- Physical Education
- Mathematics
- English Language Arts

Assembly Performance Information

Student Grade Level: _____

(K-2, 3-5, 6-8, 9-12)

Special Populations Appropriate (please list all that apply)

Assembly Performance Title:

Narrative for Artists in Schools Directory: *Using only the space below, specify details which best market your assembly performance including: title, purpose, skills/concepts/curricular goals. If you have more than one program, please specify which age group each program is geared toward. The Arts Council reserves the right to edit the narrative.*

Assembly Performance Fee:

1 performance _____ 2 performances same day/same school _____

Other _____

*Fees normally range between \$250 - \$600 (for single artists) and \$1,000 - \$2,000 (for artist groups) for a 45 to 60 minute performance. Fee **MUST be all inclusive** and include any travel, lodging or meal expenses. Please indicate if a minimum number of bookings are required for fee, or if fees differ for multiple performances. This should include such contingencies as multiple performances in the same school on the same day, multiple performances in different schools on the same day, or multiple performances over two or more days.*

Additional Performance Information:

Max # of assemblies per day: _____ Max # of students per contact: _____ Length of contact: _____

Technical/Additional requirements **(These cannot be guaranteed):**

Residency Information

Student Grade Level: _____

(K-2, 3-5, 6-8, 9-12)

Special Populations Appropriate (please list all that apply):

Residency Title:

Narrative for Artists in Schools Directory: *Using only the space below specify details which best market your residency including: title, purpose, skills/concepts/curricular goals. If you have more than one program, please specify which age group each program is geared toward. The Arts Council reserves the right to edit the narrative.*

Residency Fee: _____

Residency Length (# of Days): _____

*A residency is an intense period of instructional time focused on a smaller group of students. This time is not block-booking of one performance. Fees normally range between \$1,000 - \$2,500 for a three to five day residency with 4-5 contact hours per day. Fee **MUST be all inclusive** and include any travel, lodging or meal expenses.*

Additional Residency Information:

Max # of residencies per day: _____ Max # of students per contact _____ Length of contact: _____

Technical/Additional requirements **(These cannot be guaranteed):**

Workshop Information

Student Grade Level: _____

(K-2, 3-5, 6-8, 9-12)

Special Populations Appropriate (please list all that apply):

Workshop Title:

Narrative for Artists in Schools Directory: *Using only the space below specify details which best market your workshop including: title, purpose, skills/concepts/curricular goals. If you have more than one program, please specify which age group each program is geared toward. The Arts Council reserves the right to edit the narrative.*

Workshop Fee: _____

Conditions (i.e. with performance only, etc): _____

*Fees normally range between \$100-\$250 per 45 to 60 minute workshop. Fee **MUST be all inclusive** and include any travel, lodging or meal expenses.*

Additional Workshop Information:

Max # of workshops per day: _____ Max # of students per contact _____ Length of contact: _____

Technical/Additional requirements (**These cannot be guaranteed**):

Each Attachment Required of New Artists:

Applications can be submitted via Email (preferred method of submittal) to adriennet@theartscouncil.com or via mail at P.O. Box 318, Fayetteville, NC 28302.

Completed Application.

Resumé of educational background, special awards, and teaching experience.

Teacher educational materials and curriculum guides.

2 References regarding your work in schools (please note these will be published in our directory - include school/organization name, contact person, phone number and/or email and address).

One digital photograph suitable for publication, preferably an action shot, in tiff or high resolution jpg format.

2-5 minute video/audio clip representative of the proposed program. These do not have to be professionally produced. Literary and visual artists should submit samples of their work.

Payment processing fee of \$20. Make checks payable to Arts Council of Fayetteville/Cumberland County. You may also pay via Paypal from the Arts Council's website: www.theartscouncil.com/education/artists-in-schools.

I certify that to the best of my knowledge the information contained in this application and attachments is true and correct, and I authorize the Arts Council of Fayetteville/Cumberland County to use this information in publications related to the Artists In Schools Program.

Signature of applicant/applicant's agent: _____

Date signed: _____

This typed signature serves as my official signature. By checking this box I confirm that everything contained in this application is true to the best of my knowledge.