

Residency Grant Application

Deadline: Thursday, October 5, 2017 at 5:00 PM

Note: This is a grant application only and does not guarantee funding. Applications will be reviewed and funding will be awarded by a grants panel. Please complete all sections and duplicate if more forms are needed.

School Name: _____

Address: _____ City: _____ Zip: _____

Contact Person/Title: _____

Email: _____ Phone Number: _____

RESIDENCY REQUESTED

Artist Name: _____

Residency Title: _____

Length of Residency: _____ days Grade Level(s): _____ # of Students: _____

Artist Fee: _____ School Fee: _____

RESIDENCY GRANT NARRATIVE

Note: If more than one Residency is requested, please fill out this application for each residency, provide a separate narrative for each, and indicate order of preference.

REQUIRED: On a separate, on-page attachment, please describe how this residency fits with the curricular needs of the target audience (students). Include information on how the content of the residency fits into the overall instructional plan in terms of scheduling, key personnel and number of students involved.

I agree to provide the 1/3 funding and comply with technical requirements as outlined in this application package for all requests granted by the Arts Council.

Principal's Name: _____ Principal's Email: _____

Principal's Signature: _____ Date: _____

Complete below only if PTA Funds will be used for school provided funds:

PTA President Name: _____ PTA President Email: _____

PTA President Signature: _____ Date: _____

Grant applications may be returned to the Arts Council by mail, hand-delivered, faxed or emailed. All applications must be received by **October 5, 2017 at 5:00 PM.**

Mailing Address: PO Box 318, Fayetteville, NC 28302
Physical Address: 301 Hay Street, Fayetteville NC 28301

Fax: 910-323-1727
Email: adriennet@theartscouncil.com