

# Residency Grant Application

**Deadline Extension: Monday, October 29th 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 29, 2018 at 5:00 PM.**

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