

**ART EDUCATION GRANT QUALIFYING PERFORMANCES APPLICATION**



**Personal Information**

Submit ONE copy prior Thursday January 15, 2009 PLEASE READ CAREFULLY

Your Name \_\_\_\_\_ Application Date \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ Email address \_\_\_\_\_

Parents Name \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_ Work \_\_\_\_\_

Talent being performed \_\_\_\_\_ # years of study \_\_\_\_\_

Experience background: Private study \_\_\_\_\_ School Program \_\_\_\_\_ Church Program \_\_\_\_\_ Other \_\_\_\_\_

Additional comments \_\_\_\_\_

**Your Program Objectives**

Name of Instructor or Workshop/Clinic \_\_\_\_\_

Course of Study You Wish to Pursue with this Funding and Why? \_\_\_\_\_

Program Cost: \_\_\_\_\_ Program Dates: \_\_\_\_\_

**NOTE: Applications and \$ 5.00 application fee DUE NO LATER THAN Thursday JAN.15, 2009.** No post marks accepted after that date. Return completed form and check or money order made payable to: "Chesapeake Fine Arts Commission"- mail to: Fine Arts Commission/112 Mann Drive/Chesapeake, VA 23322. Also available is a secure drop-box outside the administrative offices of Parks & Recreation that is checked each Workday morning.

**ASSURANCE: I HAVE READ THE ARTS EDUCATION GRANT INFORMATION GUIDELINES , AS WELL AS THE SPECIFIC GUIDELINES IN MY ARTS DISCIPLINE AND UNDERSTAND THEM COMPLETELY.**

Applicant's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

