

ARTIST APPLICATION

NAME _____

ADDRESS _____

CITY _____, ST _____ ZIP _____

TELEPHONE () _____ CELL () _____ OTHER _____

EMAIL _____ WEB _____

ARTISTIC DISCIPLINE (Please be specific): _____

TRAINING RELATED TO DISCIPLINE: _____

WORK EXPERIENCE RELATED TO DISCIPLINE: _____

ACHIEVEMENTS, HONORS, AWARDS: _____

GRADE LEVELS: POSSIBLE: _____ PREFERRED _____

CAN YOU OFFER PROGRAMS LESS THAN A FIVE DAY RESIDENCY? YES ___ NO ___

AVAILABLE FOR COMMUNITY PERFORMANCES OR WORKSHOPS? YES ___ NO ___

SUPPLIES REQUIRED: _____

ESTIMATED COST OF SUPPLIES (120 STUDENTS): \$ _____

Please provide sample lesson plan(s) based on length of stay(s) available. Plan must cover content and activities for each grade level if different.

INCLUDE THE FOLLOWING WITH THIS APPLICATION

- Lesson Plan(s)
- Three letters of reference
- Black & White publicity photo

**Return to: MAP, % Toe River Arts Council,
PO Box 882, Burnsville, NC 28714.**

WAANC USE	Date Received: _____
	Complete Application _____
Needs: Lesson Plan _____	Rcvd _____
Letters of Reference _____	Rcvd _____
Black & White Photo _____	Rcvd _____