



INITIAL GRANT APPLICATION FOR ARTIST ASSISTANCE 2017-18

DEADLINE 8/31/2017

FIRST NAME INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIPCODE

EMAIL PHONE

PLEASE FILL OUT COMPLETELY. FEEL FREE TO ADD PAGES IF NECESSARY.

WHAT IS YOUR MEDIUM/MEDIA?

DO YOU HAVE TRAINING IN THIS MEDIUM? IF SO, WHAT IS IT?

WHAT IS YOUR MEDICAL CONDITION THAT MAKES TRADITIONAL EMPLOYMENT DIFFICULT OR IMPOSSIBLE? PLEASE NOTE THAT THIS WILL NEED TO BE VERIFIED BY YOUR MEDICAL PROFESSIONAL IF ACCEPTED TO THE NEXT ROUND.

WHAT SUPPLIES, MENTORING/TRAINING, OR MARKETING ASSISTANCE ARE YOU SEEKING? BE SPECIFIC, AND INCLUDE DOLLAR AMOUNTS. . NOTE: WE DO NOT PROVIDE SCHOLARSHIPS FOR UNIVERSITY STUDIES.