

ARTIST’S APPLICATION FOR FUNDING FOR A CLASS WORKSHOP

Fax (250-930-1642) or scan and email to rineke.jonker@gmail.com when completed and signed by the artist and teacher. (If you have any questions Rineke Jonker’s phone number and email address are 250 930-1923 and rineke.jonker@gmail.com)

ALL INFORMATION MUST BE COMPLETED

ARTIST’S NAME: _____

PHONE NUMBER: _____

RETURN FAX NUMBER (artist’s or school’s): _____

EMAIL ADDRESS: _____

TEACHER’S NAME: _____

SCHOOL AND GRADE: _____

WORKSHOP OUTLINE:

WORKSHOP START DATE: _____

WORKSHOP COMPLETION DATE: _____

HOURS IN TOTAL IN THE CLASSROOM (hours beyond a total of 15 per artist per calendar year will not be funded):

AMOUNT TO BE PAID FOR THIS PRESENTATION (Calculate the total at \$55.00 per hour spent delivering the classroom workshop to a maximum of \$825.00)

PLEASE NOTE: Do not start your classroom work until you have received this application back signed by the Artist in the Class chairperson. You must have this signature of acceptance in order to be funded for this project. If you have already been paid in one calendar year for 15 hours of service or if all AIC funding has been spent AIC will not pay you for this proposal.

ARTIST’S SIGNATURE: _____

TEACHER’S SIGNATURE: _____

SSAC Artists in the Class Chair and Program Coordinator’s Signature:

You will be paid promptly upon completion of your presentation and submission of the enclosed ARTIST/TEACHER EVALUATION FORM.