

SCHOOL APPLICATION FOR ARTIST IN RESIDENCE PROGRAM 2011-2012

Contact Teacher: _____

Contact Teacher email: _____

Phone: _____

School Name: _____

School Phone: _____

Grade Level: _____

Number of Students: _____

1. What artist has your school chosen? _____
2. What month would you like the artist? _____
3. What are your preferred times and days for the residency? _____
4. Are there any additional required materials or costs? _____
5. Summarize the residency(25 words or less) _____

6. Attach a one page (typed) description of the residency that explains why you chose it, and how it fits with your curriculum.

Checklist:

- _____ School administrator has been informed
- _____ Project is the decision of school
- _____ School has funding in place for projects that require materials or extra hours
- _____ One-page typed description is included with this application page

DEADLINE: Tuesday, November 29, 2011 at 4:00pm sharp

To be considered please complete this page and send it with a one-page typed description of the residency to Learning Services, no later than **Tuesday, November 29th** at 4:00pm.

**Send to: Carolyn Sullivan, Coordinator of the Artist in Residence Program 4th Floor,
Learning Services, 1580 West Broadway, Vancouver, BC
Fax: (604) 713-5244**