

ART AFTER SCHOOL PROGRAM APPLICATION

Art After School is a free income based program that is provided to youth that are in grades 2-8. Participants will be selected based on their interest in art and their annual household income level or demonstrated need to attend.

Applicants must complete and submit the following application by **January 18th, 2019**. Selected applicants will be notified via email by January 22nd, 2019.

APPLICANT INFORMATION

First Name _____ Last Name _____

School Name _____ Grade Level _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Parent Telephone _____ Parent Email _____

Emergency Contacts (Please list two):

Name _____ Telephone _____

Name _____ Telephone _____

INTEREST IN ART

Who is your favorite artist and why? _____

What artistic projects do you like to do in your spare time? _____

What does creativity mean to you? _____

QUALIFICATION

This is an income based program for households with an annual income of \$50,000 or less. Do you qualify? Yes _____ or No _____

If you checked NO, please provide more information _____

PROGRAM DATES & TIMES

The Art After School program will meet once a week on Thursdays from 4:00pm-5:30pm for an 8 week period. The program will start on February 7th, 2019 and will end on March 28th, 2019..

PROGRAM LOCATION

The Art After School program will take place in downtown Fargo at Creative Plains Foundation, which is located at 18 8th Street South Fargo, ND. Please note that this location has stairs and does not have an elevator.

PROGRAM POLICIES

- Applicants must be in grades 2-8.
- Completed application must be submitted by January 18th, 2019.
- Selected participants will be notified via email on January 22nd, 2019.
- All application information is treated confidentially.
- Granting policies may be changed by CPF at any time without notice.

MAIL YOUR APPLICATION TO:

Creative Plains Foundation
18 8th Street South
Fargo, ND 58103

EMAIL YOUR APPLICATION TO:

info@creativeplains.org

RELEASE OF INFORMATION & COMMUNICATION AGREEMENT

All application information is treated confidentially. In order to evaluate the application and respect your right to confidentiality it may be necessary for us to:

- Carry out inquiries, provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing this application or addressing an application
- Contact you (the applicant) to clarify any information in this application
- Disclose any/all of the information contained in this application package to such parties for the purposes set out above

Parent/Guardian Initial _____ Date _____

DECLARATION AND CONSENT

I authorize Creative Plains Foundation to release a copy of this application to the appropriate financial assistance committee(s) and to the award donor, including copies of any information attached to this application. In order to adjudicate my application for a Creative Plains Foundation Art After School Program, I authorize the Creative Plains Foundation to release my financial need information and decision to the appropriate selection committee(s). I understand that I am responsible for providing all required documentation as indicated on this application or as directed by the Creative Plains Foundation. I understand that if I do not submit the required documentation/information I may not be considered for this Art After School Program. I understand that all income and other resources will be verified using my Creative Plains Foundation application information, if applicable. I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining my eligibility for the Art After School Program and verifying income information against my file. This personal information will be used by the Creative Plains Foundation to administer admission to the Art After School Program. I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any admission awarded may be reassessed and/or withdrawn.

Parent/Guardian Signature _____ Date _____