

## Artist-in-Residency Application

School or Organization:

Date:

Mailing Address:

City:

State:

Zip:

County:

Name of On-site Coordinator:

Position:

On-site Coordinator Telephone:

Best time to call:

E-mail (required):

Name of Authorizing Agent:

Name of Sponsoring Agent (PTO, PTA, Parent Club, etc.):

Contact person for Sponsoring Agent:

E-mail:

Number of weeks requested:

List of TWO artists in priority order:

1.

2.

Indicate TWO preferred residency dates:

1.

2.

Please indicate grade levels and approximate number of students, teachers, parents, and staff who will participate in the residency:

Grade levels:

Number of Students:

Number of Teachers:

Number of Volunteers:

List any other special groups that will participate (gifted, special needs, ESL, etc.):

Learning targets/goals you hope to achieve with this residency:

How will this residency support Oregon Arts Content Standards (and other subjects, if applicable)? Please explain:

Principal:

Date:

On-Site Coordinator:

Date: