

Cable Hayward Area Arts Council
CHARAC
P.O. Box 182
Cable, Wisconsin 54821
Artistic Development Grant Application
Education/Workshop

Date _____

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Describe briefly describe your art interest: (visual art, music, dance, poetry/prose, etc): _____

References: (3) names and phone numbers: _____

What Educational experience/workshop are you applying for? *Attach flyers, brochures, website information, etc.*

Title _____ Location _____

Describe _____

Dates _____ Total Cost _____ Amount you are requesting _____

Relevance to your art and how you hope to benefit _____

For more information please contact Grants Coordinator at cablehaywardarts@yahoo.com

Important: If funded, you must file a report on your experience within 60 days after the event. This is expected to be a brief description of the benefits to you and your art gained by attending the event. Copies of any certificates or evaluation provided to you would be helpful to include with your report. You can mail reports to; CHARAC, Box 182, Cable, Wisconsin, 54821.