

Cable Hayward Area Arts Council
CHARAC
P.O. Box 182
Cable, Wisconsin 54821
Emerging Artists Grant Application
Youth Education/Workshop

Date _____

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Your age: _____ (requirement of grant – recipient must be between the ages of 13 and 18)

School attending or last attended _____ Years attended _____

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

References: (3) names and phone numbers: _____

Parent/Guardian _____ Phone _____

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

Title _____ Location _____

Describe _____

Dates _____ Total Cost _____ Amount you are requesting _____

Workshop or contact person: _____

Address of workshop or contact person: _____

Phone/email/website _____

For more information please contact Grants Coordinator at cablehaywardarts@yahoo.com or Art Beat of Hayward at 715-934-2780.

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 with pictures of the event to: CHARAC, Box 182, Cable, Wisconsin, 54821.