



Adult Artist Development Application

Date: _____

Name: _____

Mailing Address: _____

Email: _____

Phone #: _____

Your Art Category:	Visual Arts	Performing Arts	Culinary Arts	Literary Arts	Graphic Design	Other _____
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What Educational experience/workshop are you applying for?

Title: _____ Location: _____

Describe: _____

Dates: _____	Total Cost: \$ _____	Amount you are requesting: \$ _____
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Relevance to your art and how you hope to benefit: _____

Please email completed application to: cablehaywardaarts1996@gmail.com

or mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843

Important: If approved, you will be asked to report back to the CHARAC board 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. Reports may be emailed to cablehaywardaarts1996@gmail.com or mailed to the address above.