



# 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: [cablehaywardarts1996@gmail.com](mailto:cablehaywardarts1996@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 [cablehaywardarts1996@gmail.com](mailto:cablehaywardarts1996@gmail.com) or mailed to the address above.