



Participation Application 2008

Date

Name of your organization

Address

City

State

Zip

Applicant Website Address

Primary Contact Name

Title

Phone

Email

Name of Principal or Executive Director

Phone

Email

Funding organizations (District, PTA, PTSA, other)

If you like to recommend an artist/ program, please provide details here.

Artist's Name

Art form

Subject area

Start Date

End Date

Street Address

State

Zip

Phone

Email

Website Address

Is this a: (Please check one box & give a brief description of plan)

Residency (20 contact hours)

Workshop (3 contact hours)

After-school (1.5 hour for 8 weeks)

Names of teacher(s) participating in project

What Grade(s) or level(s)?

Will this project include a presentation to the parents or the larger community?

NO/ Yes If yes, describe.

How many students will participate in your project?

How many students will perform at LEAF as a result of this project?

Do any students have special needs?

- No
- Yes

If yes, please describe what the artist may need to know to prepare.

What needs might the student(s) have to perform/attend LEAF.

Project goals

Please describe the expected goals of the project.

How will the students be assessed during/after the project?

How will the project integrate the arts into your curriculum?

Please mail to:

**LEAF in Schools & Streets
c/o Renée Nuñez
377 Lake Eden Road
Black Mountain, NC 28711**