



ARTS AND HUMANITIES COUNCIL OF TUSCALOOSA COUNTY
 P.O BOX 1117, TUSCALOOSA, AL 35403
 PHONE (205) 758-8083 FAX (205) 345-2787
 director@tuscarts.org

GRANT APPLICATION FORM

INDIVIDUAL ARTIST

Tuscaloosa County artists only

Section A Applicant Information

Artist's Name: _____ County: _____
 Mailing Address: _____ Phone Numbers:
 Home: _____
 City: _____ Office: _____
 State: _____ Zip: _____ Social Security No.: _____
 email address: _____ Legal Resident of Tuscaloosa County since
 (month/day/year): _____

Section B Request Profile

Nature of Request (check only one): Fellowship Technical Assistance

Amount of Funds Requested: \$ _____
 Attach a budget reflecting anticipated expenditures.

Arts Discipline and Area in which you plan to work during the grant period:

Dance _____ Theatre _____
 Literature _____ Visual Arts & Crafts _____
 Media _____ Folk Arts _____
 Music _____

Date(s) of Activity: Beginning: _____ Ending: _____

Number of Individuals to Benefit: _____ Number of Artists Participating: _____

List the Cities, Counties and Schools where Activities will actually take place:

Provide a brief description of why funds are being requested and or generally how support from the proposed category would be used in the development of your artistic interests.

Provide a brief description of your work, i.e. style, medium, objectives, emphasis, technique, what you hope to communicate, special characteristics.

Section C Resume Summary

Present Employment

Employer's Name & Address: _____

Position/Occupation: _____

Education/Training

Institution/School/Tutor	Dates	Major Area of Study	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Awards/Major Shows/Honors/Other Fellowships

Name of Award/Show	Date	Description	Prize/Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(A comprehensive resume may be attached if desired but is not required.)

Section D Examples of Work

Please list attachments/samples of work. Please indicate if you want the attachment/sample returned. (A shipping envelope with sufficient postage must be provided where return is desired.)

Return?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Section E Certification

I certify that the foregoing statements are true and complete to the best of my knowledge. Should funding result from my application, the funds will be used to advance my career, during the the specified grant period, in a manner consistent with the concept of the Small Grants Program, with the type of work represented by samples submitted.

Signature _____ Date _____