

**CULTURAL FOUNDATION OF BROWARD, INC.
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FLORIDA 33301**

***FOSTER FELLOWSHIP FOR EMERGING ARTISTS
APPLICATION FOR INDIVIDUALS***

AMOUNT REQUESTED: \$ _____

DISCIPLINE: Visual Arts _____
Performing Arts: Music _____ Theater _____ Dance _____

The application deadline is August 1. This original signed application and one (1) photocopy (including artistic resume and required attachments) is required. Applications must be received by 5:00PM on the deadline date.

PLEASE TYPE

1. APPLICANT

NAME _____

ADDRESS _____ CITY _____ ZIP _____

LEGAL RESIDENT OF BROWARD COUNTY SINCE: 19 _____

PHONE (HOME) _____ (WORK) _____

NAME OF EMPLOYER _____

FULL-TIME _____ OR PART-TIME _____

APPROXIMATELY WHAT PERCENTAGE OF YOUR ANNUAL INCOME IS DERIVED FROM YOUR ART? _____%

2. PROVIDE A TWO OR THREE SENTENCE SUMMARY OF YOUR PROJECT IN THE SPACE PROVIDED BELOW. (use only the space provided)

3. PLEASE LIST THE MOST RECENT PERFORMANCES, EXHIBITIONS, OR PUBLICATIONS IN WHICH YOU HAVE PARTICIPATED OR MADE EFFORTS TO ATTAIN.

(Attach copies of programs, press clippings, copy of publications, etc.)

4. PLEASE LIST YOUR MOST RECENT AWARDS, GRANTS, COMPETITIONS OR OTHER AREAS OF RECOGNITION.

5. DESCRIBE YOUR ARTISTIC GOALS IN THE SPACE PROVIDED. DO NOT INCLUDE ADDITIONAL PAGES. (i.e., Where do you hope to be in your artistic career in the next five years?)

6. DESCRIBE YOUR EFFORTS TO ATTAIN THESE GOALS IN THE SPACE PROVIDED. BE CONCISE AND DO NOT INCLUDE ADDITIONAL PAGES.

7. NARRATIVE: PLEASE DESCRIBE THE PROJECT FOR WHICH YOU ARE SEEKING EMERGING ARTS GRANT FUNDS IN THE SPACE PROVIDED. DO NOT INCLUDE ADDITIONAL PAGES.

PROJECT COMPETITION DATE: _____

10. OPTIONAL - Financial need is a consideration of application. Please provide indication of your level of financial need.

CERTIFICATION: The information provided in this application, including all attachments and supporting materials is true and accurate to the best of my knowledge. I attest that I am a legal resident of Broward County.

Signature of applicant

Typed name of applicant

Social Security Number

Date

OPTIONAL: African-American____, Asian____, Native American____,
Hispanic____, Other____(Please specify)

APPLICATION CHECKLIST

This checklist is for the artist's use only. Do not include with your application.

____ One signed original and one photo-copy of application form.

____ Two copies of all attachments and support materials.

ATTACHMENTS

____ Artistic resume

____ 3-5 letters of recommendation

____ Proof of residency

____ Last year's Federal Income Tax Return (signed)

____ Work samples (clearly labeled as indicated on grant guidelines)

____ Slide list (Visual Artists only)

____ Self-addressed stamped envelope for the return of your work samples.

____ Support materials (program, press clippings, reviews, etc.)