

CULTURAL FOUNDATION OF BROWARD, INC.
1350 E. Sunrise Blvd. #141
FORT LAUDERDALE, FLORIDA 33304

**FOSTER FELLOWSHIP FOR EMERGING ARTISTS
2009 APPLICATION FOR INDIVIDUALS**

AMOUNT REQUESTED: \$_____

2009 DISCIPLINE: **Performing Arts: Music**

The application deadline is **August 1, 2009**. Mail completed applications to the address listed above. 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)_____ (CELL)_____

E-MAIL ADDRESS _____

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)

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 START DATE: _____ COMPETITION DATE: _____

8. HOW WILL THIS PROJECT HELP IN THE DEVELOPMENT OF THE WORK IN YOUR ARTISTIC FIELD AND HELP YOU TO ATTAIN THE CAREER GOALS STATED IN QUESTION 6? USE THE SPACE PROVIDED AND DO NOT INCLUDE ADDITIONAL PAGES.

9. BUDGET: PLEASE ITEMIZE PROJECTED INCOME AND EXPENSES. IF PROJECT COSTS EXCEED AMOUNT REQUESTED, LIST OTHER SOURCES OF INCOME (ie. other grants, commissions, etc.) ADDITIONAL PAGE MAY BE INCLUDED.

INCOME: (how will you finance your project?)

(Dollar amount)

Amount requested

TOTAL INCOME

EXPENSES (How much will your project cost?)

TOTAL EXPENSES

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

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 Broward County 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.)