



FINAL REPORT FORM FOR FELLOWSHIP AWARDS

Please indicate your GRANT # and Fiscal Year: _____

Send completed form to: New Hampshire State Council on the Arts

19 Pillsbury Street, 1st Floor

Concord, NH 03301

Phone: 271-2789 Fax: 271-3584

DUE DATE: No later than July 31st of the fiscal year the award was funded for:

FY13 – July 31st, 2013

FY14 – July 31st, 2014

FY15 – July 31st, 2015

IMPORTANT: Extensions may be granted for up to three months and requests must be submitted in writing prior to the deadline. Failure to submit this report will make you ineligible to apply for Council funding for two years from the due date of the report.

A. GRANTEE INFORMATION

Type of Award: **Individual Artist Fellowship / Fellowship Finalist**

Name:

Address:

City, State, Zip:

Daytime Telephone:

Alternate Telephone Number:

B. BENEFICIARIES

- 1) Indicate the actual total number of individuals benefiting from this award _____ (Ind)
- 2) Indicate the actual total number if artists participating (include yourself) _____ (Art)
- 3) Indicate the actual total number of professional NH artists participating (include yourself) _____ (NHart)
- 4) Indicate the number of communities benefiting from this award _____ (Com)
- 5) Indicate the number of students/youth benefiting from this award _____ (Stu)
- 6) Indicate what percentage of the project activities are directed toward arts education _____ (%)
- 7) Indicate the number of teachers involved _____ (Tea)
- 8) Indicate the number of school staff involved _____ (Adm)

C. WRITTEN EVALUATION

1) On a separate sheet of paper, tell us about your Fellowship year, your public presentations and how your work benefited from the award and the recognition.