



# FINAL REPORT FORM FOR FELLOWSHIP AWARDS

Please indicate your GRANT # and Fiscal Year: \_\_\_\_\_

Send completed form to: **New Hampshire State Council on the Arts**  
2 ½ Beacon Street, Suite 225  
Concord, NH 03301  
Phone: 271-2789 Fax: 271-3584

**DUE DATE:** No later than July 31<sup>st</sup> of the fiscal year the award was funded for:

FY08 – July 31<sup>st</sup>, 2008    FY09 – July 31<sup>st</sup>, 2009    FY10 – July 31<sup>st</sup>, 2010    FY11 – July 31<sup>st</sup>, 2011

***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 and how your work benefited from the award and the recognition.