

PERFORMING ARTS FELLOWSHIP APPLICATION FORM

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS

(Grant Period is July 1 - June 30)

Amount Requested: \$4,000



1. APPLICANT DATA

Official IRS Name of Applicant:

E-mail:

Mailing Address:

Daytime Phone:

City/Town:

FAX:

State/Zip:

Website:

I have been a legal resident of New Hampshire since:

2. NATIONAL STANDARD FOR INFORMATION EXCHANGE. (NISP)

Enter NISP codes in the boxes below: <http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline

Race/Ethnicity of Applicant:

3. ATTACHMENTS CHECKLIST (CHECK OFF ITEMS BEFORE MAILING YOUR APPLICATION.)

- ☐ Signed application form with completed Narrative Questions
- ☐ Work Sample disc & Identification Sheet
- ☐ Professional resume

4. CERTIFICATION

I hereby certify that the foregoing statements are true and complete to the best of my knowledge, that I am a legal resident of the state of New Hampshire and not enrolled as a full-time student.

Signature (Official IRS Name)

Date

For Office Use Only: FY

Activity Type

AIE%

PT

App. #

APPLICANT NAME:_____

5. NARRATIVE QUESTIONS (COMPLETION OF ALL QUESTIONS IS REQUIRED ON NO MORE THAN ONE PAGE)

Please answer the following questions. Should you be selected as a Fellowship recipient, they will form the basis for the State Arts Council to develop a more comprehensive plan to promote you.

A) Briefly describe what a State Arts Council Fellowship would mean to your career.

B) What form would your four public engagement presentations take?