



**ARTIST'S APPLICATION
CADRE (AFTER-SCHOOL AND SUMMER PROGRAMS)**

SEND TWO (2) SIGNED COPIES TO:
Center for Creative Education
425 24th Street
West Palm Beach, FL 33407-5401
(561) 805-9927
e-mail: ccefl@cceflorida.org

**SEND ONE RECOMMENDATION FORM
TO THREE INDIVIDUALS**

WebSite/Applications online: www.cceflorida.org
DEADLINE:

April 1st or October 31st

Please print or type. Use only space provided. Submit only supplemental material requested.
You may word process on your computer.

A. APPLICANT

1. Applicant _____
2. Address _____
3. City, State, Zip _____
4. County of Applicant _____
5. Social Security number _____
6. Daytime telephone number _____
7. Home telephone number _____
8. E-mail: _____
9. Primary artistic discipline _____
10. Check one: Male Female

B. PRIOR EXPERIENCE

Indicate previous experience by group:

grades K-12 grades K-5 grades 6-8 grades 9-12 college
 adults senior citizens disabled persons

C. INTRODUCTORY ACTIVITIES

Describe specific activities you would employ to introduce yourself and your art form to participants at the start of your engagement? Use only the space provided.

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D. GOALS

What understanding and skills do you hope participants in your engagement will acquire? Give specific examples of the tools, techniques, and approaches you would employ at various age levels. Use only the space provided.

E. AFTER-SCHOOL ACTIVITY

Describe one specific activity you would employ into after-school programs that will build a skill such as cooperation, creative problem solving, learning to follow directions, etc. Please identify the age level you wish to assist. Include an example of the activity and your goal. Use only the space provided.

F. BACKGROUND

Briefly summarize your experience in working with young people and explain your interest in the Center for Creative Education. Use only the space provided.

G. ARTISTIC DEVELOPMENT

How will your work with the Center benefit your own artistic development? Use only the space provided.

H. RESUME

Attach your resume, not to exceed two pages, try to include: (1) education/major workshops, with name of institution, major area of study, inclusive dates and degree; **OR** persons you trained with and the circumstances of your training; (2) professional experience, and; (3) previous fellowships/grants/awards and special recognition's.

I. RECOMMENDATIONS

List three persons with phone numbers who will be supplying recommendations.

NAME: _____ **PHONE:** _____ **e-mail:** _____

NAME: _____ **PHONE:** _____ **e-mail:** _____

NAME: _____ **PHONE:** _____ **e-mail:** _____

(Mail a recommendation form to each person listed above)

J. SAMPLE OF WORK

Submit photos or slides (no more than 6 - each clearly marked with artist's name), or one video, CD or DVD or audiotape (cassette) cued to start of a 5-minute section for the panel to view/hear. Supply a self-addressed, stamped envelope if you want your sample returned. Be sure sample is clearly marked with artist's name.

K. SIGNATURE

I will be available for trainings and meetings pertaining to my work with the Center.

I have reliable transportation: yes no

I will provide other information as to my background if required by the Palm Beach County School District and/or other organizations served by the Center.

I certify that this application, including attachments, is true and complete to the best of my knowledge.

Artist's Signature: _____ **Date:** _____

Questions visit our WebSite/Applications online: www.cceflorida.org

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Questions: (561) 805-9927 **e-mail: CCEFL@CCEFLORIDA.ORG**

DEADLINE: April 1st, (to begin work in October)
or Oct. 31st, (to begin work in January)

Fax not accepted