



Arkansas Arts Council (501) 324-9766  
 1500 Tower Building (501) 324-9207 (fax)  
 323 Center Street info@arkansasarts.com  
 Little Rock, AR 72201-2614 www.arkansasarts.com

**Arts in Education Artist Roster Application Form**

- Deadline: Postmarked or hand-delivered on Friday, July 9, 2010, at 4:30 p.m.
- See “AIE Artist Roster Application Instructions” for help in completing this form.
- If you have questions, call Cynthia Haas, Arts In Education Program Manager at (501) 324-9769.

Provide the following information.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9 digit Zip: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

e-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

State Senator: \_\_\_\_\_

State Representative: \_\_\_\_\_

In the space provided, please indicate the residency discipline and the related art form(s) under which you wish to be listed in the Arts in Education Artist Roster. See Residency Disciplines on pages 2 and 3 of “AIE Artist Roster Application Instructions”. Use the appropriate code numbers (i.e.-01 Dance A., B.). If you are 11 Interdisciplinary or 14 Multidisciplinary, please list the appropriate art forms.

**PREFERRED AGE LEVEL OF RESIDENCY PARTICIPANTS**

Check your preference(s): Pre-K/Kindergarten  Elementary  Middle/Jr. High  Sr. High  All ages

**GEOGRAPHIC AREA IN WHICH YOU ARE WILLING TO WORK**

Please list either “statewide” or a specific region in the state.

**LIMITATIONS ON AVAILABILITY**

Include dates or times of year you will be available to accept residencies. Please be specific.

**ARE YOU AVAILABLE TO CONDUCT WORKSHOPS IN YOUR DISCIPLINE FOR TEACHERS AND OTHER GROUPS?**

Yes  No

(All of the information above will be included in the Artist Roster.)



## **NARRATIVE QUESTIONS**

**1)** List a sequence of curriculum-based arts activities for a sample one week residency based on repeated contact with the same core group of participants for at least four one-hour sessions, plus activities for groups that you would see for one to three one-hour sessions. Describe how the activities will be tied to the Arkansas Curriculum Frameworks or the Character Centered Teaching Initiative.

**A)** Describe the composition of this core group, including age/grade level and size of group. Also describe the outcomes, skills or knowledge that would result from these activities

**OR**

**B)** Provide a description of a teacher/staff in-service workshop which you might present. Describe the outcomes, skills or knowledge that would result from the workshop.

Use the space provided and up to TWO additional pages, if needed.

**2)** Describe one or two specific experiences that qualify you to be successful in an educational setting. Limit your response to the space provided.

**3)** Please describe how you would work with classroom teachers/group leaders after you have left the school/community in order for them to continue or follow-up on activities that you initiated to maximize the impact of the residency. Limit your response to the space provided.

**ARTIST ROSTER SUMMARY (maximum 500 words)**

Use the headings of “Background” and “AIE Program” to provide a written description of 1) (Background) – your education/background, professional affiliations, current artistic or residency activities, and 2) (AIE Program) – describe your approach to your art form in an educational setting, and provide an overall description of one of your residency programs, i.e. – the goals of the program, description of the content, description of the outcomes, skills and knowledge expected of students and teachers. This information will be listed in the AIE Artist Roster along with your photograph. *Background information should be written as a paragraph, not listed as a resume.* Use the space provided and ONE additional page, if needed.

**CHECKLIST OF MATERIALS SUBMITTED** (see “Application Instructions and Required Materials” on page 2 of “AIE Artist Roster Application Instructions”)

- The original completed application form signed and dated.
- One copy of the completed application form signed and dated.
- One copy of a current resume.
- One copy of a list of names, addresses, phone numbers (day, evening, cell), and/or email addresses of three professional references.
- Required support materials/samples of work.
- A current photograph.
- Self-addressed, stamped envelope for return of materials.

**SIGNATURE**

I have read the program description in the “AIE Artist Roster Application Instructions” and agree to comply with Arkansas Arts Council guidelines should I be accepted for the Arts in Education Artist Roster. I understand that placement on the roster is not a guarantee of employment and that any misrepresentation or false information contained in this application or any supporting materials shall result in my immediate removal from the roster.

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signature

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date

**Return completed application to AIE Program, Arkansas Arts Council, 1500 Tower Building, 323 Center Street, Little Rock, AR 72201-2614. Applications must be postmarked or hand-delivered by Friday, July 9, 2010, at 4:30 p.m.**