



The Creative Arts Corner of Hudson Valley, Inc.



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ORGANIZATION APPLICATION FORM AFE Project

E-Mail Or Mail Completed Form To:
Deborah Grosmark, Center Director - AFE Project

1. Applicant Organization _____

2. Applicant Street Address _____

3. Applicant Mailing Address _____

4. Primary Contact _____ Title _____

Phone _____ Email _____

5. Administrator/Other _____ Title _____

Phone _____ Email _____

6. Funding organization (District, PTA, PTSA, other):

7. Will you need assistance in the grant writing process? If so, what information shall we provide?

8. Give course name, and requests for start/end dates of project(s):

_____ Start Date _____ End Date _____

_____ Start Date _____ End Date _____

_____ Start Date _____ End Date _____

_____ Start Date _____ End Date _____

9. Names of staff participating:

10. Will you request or require this project to include a final presentation to the parents or the larger community. Please note: So that all students remain comfortable in experiencing the arts, most of our courses are non-competitive and focus on the process rather than product.

Yes No

If yes, describe.

11. How many students will directly participate in your project? _____

12. Do some of these students have special needs? Yes No

If yes, how many students: _____

If yes, will the artist need to make special preparations to adapt the project? Please describe.

13. Project goals. Please describe the expected goals of the project. How will the students be assessed during/after the project?

14. Additional information. (optional)