

# Arts In Education Program Application



---

Name of School:

---

School Address:

---

Contact Name:

---

School Extension:

---

Home or Cell:

---

Contact Email:

---

Preferred Method of Communication:

---

Grade Level(s):

---

Number of Students:

---

Number of Teachers and Staff:

---

Best time for program to take place:

---

What do you hope to gain from the program?

---

## Fill out this section if you know the artist or program you want to have.

Name of Artist or Program:

---

## Fill out this section if you know you'd like a program, but not sure specifically you want.

What arts discipline are you interested in? (circle all that apply)

Theatre

Music

Dance

Visual Art

Creative  
Writing

Storytelling

Other (Please Specify):

---

## Once you've filled out the form...

- \* Return to Golden Isles Arts & Humanities by email to [artsed@goldenisesarts.org](mailto:artsed@goldenisesarts.org), by fax to 262.1029, or mail to 1530 Newcastle Street, Brunswick, GA 31520.

## Questions?

- \* Call 912.262.6934 or email [artsed@goldenisesarts.org](mailto:artsed@goldenisesarts.org)