**Art Class Proposal**

Offered through the Shaker Heights Recreation Department

Application Date:      /     /

Proposed Program Start Date:      /     /

The Shaker Arts Council (SHAC) appreciates your proposal for courses to be offered to the residents of Shaker Heights through the Recreation Department.

**Contractor/Instructor Contact Information:**

                         

First Name Middle Initial Last Name

Name of Business or Corporation, if any

Address:                                                        

Street City State Zip

Phone:(     )     -      Cell Phone: (     )     -

Email Address:               

Web Address:                                                                       

**Course Proposal Information:**

Program Name:                                                                           

Target Audience: *(Check all that apply.)*

Adults  Senior Adults  Teens  Youth  Preschool  All Ages

Program Description: *(Limit to 50 words; describe the course as you wish to see it in the catalog)*

                                                                                                                                                                                                                                                                                                  

Program Objectives:

*By the end of the program the participants will be able to:*



Materials supplied by Instructor

*Provide a detailed list of materials you will be providing for the instruction of the program.*

Supplies and Equipment Required by Students:

*Provide a detailed list of materials the student will be required to have for this program.*

Audio/Visual/Other Equipment Needs:

**Registration Information**

What is the proposed length of this program?

One Time  One Week  4 Weeks  6 Weeks  8 Weeks  10 Weeks  12 Weeks  Other

What is the frequency of this program?

Once per week  Twice per week  Three times per week  Other

Proposed Program Schedule

Day of Week (Please check all that apply.)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Proposed Start Time:     :      am/pm Proposed End Time:     :      am/pm

This course is proposed to meet during:

Fall Session (9/10/17 – 11/12/17)

Winter Session (1/14/19 – 3/18/19)

Spring Session (4/8/19 – 5/27/19)

Proposed Course Dates:

Are there any dates that you are unavailable to instruct the program?  Yes  No

If yes, what are the no class dates under the Proposed Registration Section mentioned above?

**Class size**:

Target Number of Registrants:            Minimum Number:       Maximum Number:

**Instructor Fees:**

Please choose one of the following

1. Proposed Instructor Fee: $     .     /hour *(most fees are between $8.00 and $12.00/hour)*
2. Fee for student materials provided by instructor: $     .

**Instructor Qualifications:**

(If there are co-instructors, please fill out this page twice)

**Brief Biography:** *(Limit to 50 words, as you wish to see it in the catalog)*

**Experience:**

Relevant Education/Training/Certification

1. Education/ training /certification, including date:

1. Education/ training /certification, including date:

1. Education/ training /certification, including date:

Teaching Experiences relevant to this course

1. List Experience, including date

1. List Experience, including date

1. List Experience, including date

Have you taught this program before?  Yes  No

If yes, please list the locations and the years taught.

**References**

Provide the names of two individuals who can vouch for your qualifications:

1. Reference:                               

First Name Middle Initial Last Name

Phone: (     )     -

Cell Phone: (     )     -

Email:                               

Relationship:

2. Reference:

First Name Middle Initial Last Name

Phone: (     )     -

Cell Phone: (     )     -

Email:

Relationship:

By signing below, I confirm that the information above is correct to the best of my knowledge, and I will provide the services described in this proposal as described herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_